Founded 1921
ELEN KELLER
Counselor
1924-1968

OFFICERS
MICHAEL M. MANEY
Sullivan & Cromwell
New York, NY
Chairman of the Board

ALDINE T. SCHOLL, PH.D.
Ann Arbor, MI
Vice Chairman of the Board

BARRY D. KNOX
Northeast Consulting Group
New Canaan, CT
Treasurer

ACHEL E. ROSENBAUM
Carroll Center for the Blind
Newton, MA
Secretary

CARL R. AUGUSTO
sident & Executive Director

REGIONAL CENTERS
NORTHEAST
15 West 16th Street
New York, NY 10011
(212) 620-2037

MID-ATLANTIC
1615 M Street, NW
Washington, DC 20036
(202) 457-1487

MIDWEST
0 North Wacker Drive
Chicago, IL 60606
(312) 269-0095

SOUTHEAST
100 Peachtree Street
Atlanta, GA 30303
(404) 525-2303

SOUTHWEST
260 Treadway Plaza
Exchange Park
Dallas, TX 75235
(214) 352-7222

WESTERN
111 Pine Street
an Francisco, CA 94111
(415) 392-4845

GOVERNMENTAL RELATIONS
1615 M Street, NW
Washington, DC 20036
(202) 457-1487

AX: (212) 727-1279
(212) 727-7418
TDD: (212) 620-2158
TLINE: 1-800-232-5463
CABLE ADDRESS:
NDATION, NEW YORK

ual Opportunity Employer

American Foundation for the Blind, Inc.

15 West 16th Street, New York, New York 10011 (212) 620-2000 Founded 1921

March 16, 1992

Ms. Carol Katz
Franklin Watts
95 Madison Avenue
New York, NY 10016

Dear Ms. Katz:

Enclosed you will find the manuscript which you sent to me to review. I have written many specific comments on the manuscript pages which you may wish to share with the author.

In general terms, it is clear and comprehensive with the exception of Chapter 5, but more about that later. For the most part, the information is correct. I have indicated on the manuscript where there are inaccuracies. I have sometimes provided the correct information or indicated why it is incorrect. I hope this will be helpful.

Terminology is correct and appropriate unless I have indicated otherwise on the manuscript. An overall glaring issue that permeates the manuscript is referral to "the blind," "blind person," etc. Today, we try to be sensitive to "individuals who are blind or visually impaired" by putting the person first. For example, "children who are visually impaired". Today's practice is person first and disability second. I strongly recommend this be changed throughout the manuscript. I indicated such changes initially and then stopped, but they should all be changed.

The manuscript strengths include its comprehensiveness and clarity of presentation. The author's examples are also appropriate.

The major weakness is Chapter 5. This chapter is problematic in that it is superficial and misleading. The area of services and education are poorly developed and erroneous. I have written many comments throughout Chapter 5 on the manuscript. I would suggest the author devote more time to this chapter; develop it starting with outreach services to infants/toddlers and their families, and more on preschool, elementary, secondary, vocational training, and college programs. There is a quantum leap form "School Days" to the "College" section. Most of what is said under the college section is true for elementary school. For example, "talking books" should be explained and it should be noted that they are used throughout the school years. There is no mention of the "unique learning/needs" of children who are blind/visually

impaired such as specialized instruction by teachers certified to teach children who are blind/visually impaired such things as braille, listening skills, activities of daily living, concept development, and orientation and mobility, etc. I suggest the author refer to Scholl, G. (1986), Foundations of Education for the Blind and Visually Handicapped Children and Youth: Theory and Practice, NY, NY: AFB.

There is no clear presentation of the differences between those who are congenitally and adventitiously blind, or the effects on learning or services. There is no clear description of "what" is typically involved in "rehabilitation services" for individuals who are adventitiously blinded. To me, these are serious omissions. This chapter is clearly the weakest, not only in knowledge presented but also in organization. It reads like a "catch all" chapter; a little of this and that but not much of anything.

I would suggest putting the glossary at the end of Chapter 2 and that the resource list include only national organizations.

I hope this is helpful. If you have any questions, please feel free to contact me at: (212) 620-2045. Thank you.

Sincerely,

Dr Huebner

Kathleen M. Huebner, Ph.D.
Director, National Program Associates

KMH:sh

Enclosures: Manuscript & Bill

Dr. Ca
Direct
Americ
15 W.
New Yo

Dear D

Natali
or som
supple
will be

Please
advise
Is the
level?
up-to-d
weakne

The man
it is r
general
copy ed

I would
Please
records
questio
(212) 4

Sincerel
Carol
Carol Ka

Franklin Watts
95 Madison Avenue
New York, New York 10016

212-447-7788
Fax 212-689-7803

February 21, 1992

Dr. Cathy Huebner
Director National Program Associates
American Foundation for the Blind
15 W. 16th Street
New York, NY 10011

RECEIVED
FEB 24 1992
K.M.H.

Dear Dr. Huebner,

Natalie Hilsen suggested I send this manuscript to you for either you to review, or someone else in your department. This book is intended as an educational supplement for junior and senior high school students, and when published it will be sold to school and public libraries nationwide.

Please have whoever reviews this for us go through the manuscript carefully and advise us whether it offers a clear and comprehensive analysis of blindness. Is the information correct? Are the descriptions complete enough for this age level? Is the terminology appropriate? Please be sure that the manuscript is up-to-date and unbiased. What are the manuscript's strengths and what are its weaknesses?

The manuscipt pages may be marked directly with comments and corrections as it is read. Also, I would like a brief cover letter stating the reviewer's general opinion on the work as a whole. The manuscript has not yet been copy edited, so please bear with any typos or grammatical errors.

I would like everything back in 3 weeks, or by [illegible] 13 at the latest. Please have whoever does the review complete the enclosed invoice for our records, and we will send them a check for $200. If there should be any questions about this manuscript, please don't hesitate to call me at (212) 447-7788. Thank you very, very much for your help with this project.

Sincerely,
Carol Katz
Carol Katz

ophthal

DATE

TO:

ADDR

FOR:

AMOU

SOC.

Franklin Watts, Inc.
387 PARK AVENUE SOUTH, NEW YORK, NEW YORK 10016 • TEL: (212)686-7070 • TELEX: 236-537
A GROLIER COMPANY

BILL FOR SERVICES

DATE: March 16, 1992

TO: The American Foundation for the Blind in care of:
Kathleen M. Huebner, Ph.D.

ADDRESS: American Foundation for the Blind
15 West 16th Street
New York, NY 10011

FOR:

AMOUNT DUE: $200.00

SOC. SEC. NO. 135-56-2161

BLINDNESS

Evelyn B. Leeds Cohen

Franklin Watts

New York London Toronto Sydney

1993

BLINDNESS

to Seymour, Sandra, Robert, Elaine, Matthew, Jessica, and Ceil
with love

ACKNOWLEDGMENTS

I would like to thank the following people for their contributions to this book: Linda Vader, RN, CRNO, past president of the American Society of Opthalmic Registered Nurses; Claire Gallagher, R.N., Ophthalmology Department, Long Island Jewish Medical Center; Perry S. Mollick, M.D., Diplomate American Board of Ophthalmology; Elsa Rahn, M.D., Director of Ophthalmology, Nassau County Medical Center; and H. Jay Wisnicki, M.D., Acting Director of Ophthalmology, Beth Israel Medical Center. Fay Ellis, Public Relations, and Peter Ellis, Technical Service Librarian, of the American Foundation for the Blind. Harold P. Wilmerding, President; Len Goldstein, Director of Career and Leisure Services; and Amelia S. Candara and Bettye J. Williams, both Vocational Instructors, of the New York Association for the Blind. Lorraine Palmer, Assistant Professor of Library Science (MEDLINE); Victoria Spain, Bibliography Instructor, and Karin J. Spencer, Associate Dean, Handicapped Services Center, of Hofstra University. Mary L. Westermann, Medical Librarian, Nassau Academy of Medicine. Janet Spar, Assistant Head Reference Librarian, and the staff at the Levittown Public Library, and Donna Regali, Head Reference Librarian, and the staff at the Wantagh Public Library. Sandra Colon Ferrer, Field Representative, of the Social Security Administration.

CONTENTS

CHAPTER 1 Blind People: Who are Distinct Individuals in a Modern World

"Suffering with blindness" is not advised! Offensive and not accurate — FEW individuals who are blind experience darkness.

The prevailing approach is to put the "Person" first — then the disability — It is considered to be respectful!

Try to imagine what it is like to be blind. Close your eyes and think about how this darkness might surround you for the rest of your life. Now listen. Outside, you hear the shouts of children in a nearby playground. Inside, you hear the squealing sounds of chairs scraping against the floor as your family settles down to dinner and the loud crash of a dish as it slips from someone's fingers into the kitchen sink. Not only can you hear; you can feel. The sound of a window rising is accompanied by a rush of cold air that causes you to shiver. Your fingers run across the smooth finish of the dining room table. The world also comes to you through smell. You smell the delicious odor of your favorite pasta dish as you settle down to eat dinner.

You are discovering that a person has other ways of sensing the surrounding world than with his or her eyes. Blind people often develop a keen sense of hearing, touch, and smell. These enhanced senses keep them well informed of their environment.

Individuals who are blind must LEARN to use other senses — It is a MYTH that they naturally use them to a greater degree

Now test your sense of balance. With eyes closed and with

the help of a friend, walk into a room. Walk a few steps behind the other person, gently grasping one of his or her arms just above the elbows. Notice how carefully you put one foot before the other. Then notice how you begin walking a little faster until, with practice, you finally are walking with greater ease. With further experience, you soon have greater confidence and no longer feel helpless. Each step is a learning tool, each sound an echo locator of unseen obstacles, each touch a protective device against impediments.

Most people fear that being blind means total dependency upon other people, but blind people can be almost as independent as the sighted. They are capable of doing things for themselves and want to be treated the same as the sighted. They want others to think of their blindness as a minor inconvenience. A blind person, however, will appreciates help if facing a dangerous situation such as an unexpected hole in the ground. He or she will react to a warning just as a sighted person would under the same circumstances. In the final analysis, those without sight can do almost everything a sighted person can do.

WHAT IS BLINDNESS?

To be blind means a range of things: there may be total darkness or some light. Some people can see some things well and others poorly--for example, they can see but not well enough to drive or read a book. In other words, blindness does

not necessarily mean a person sees only blackness. Some people and organizations like to define blindness in terms of usable sight. A person who is blind has no usable sight; a person who is visually impaired has some usable vision. To be visually impaired means that one can still see but that even with corrective glasses, nothing is as it would be for someone with perfect or easily correctable vision.

Nicely said and readily understandable for youth

Both ~~the~~ those who are visually impaired ~~and the~~ or blind can be classified as legally blind. Legal blindness means that in the better eye, a person either has a field of vision of 20 degrees in width or less or cannot read, even using corrective lenses, the top E on the Snellen or standard eye chart. The Snellen chart has rows of letters (sometimes animals, for children too young to read), each row smaller than the one above it. The top row is generally the single large letter "E."

Reconsider using Snellen chart and explain it.

Doctors arbitrarily rate perfect vision as 20/20, a standard from which all less-than-perfect vision is measured. An individual who sees only half as well as someone with perfect vision has 20/40 vision. The minimum vision for legal blindness is 20/200--even when wearing corrective lenses. That means that at twenty feet a legally blind person can see what a person with normal vision can see at two hundred feet. About three-fourths of people who are legally blind have some sight.

? what does this mean?

HOW MANY PEOPLE ARE BLIND AND VISUALLY IMPAIRED?

Figures vary, but estimates are that about 500,000 Americans

Some questions could be made of growing populations & elderly on welfare: handicapped parents, therefore on the piece

are legally blind. Over 11 million people are visually impaired. About 50,000 people become blind each year in the Unites States. Worldwide about 30 to 40 million people are blind.

BLINDNESS IN HISTORY

In the Bible, Samson loses not only his great strength when Delilah cuts his long hair, but also his eyes, which are gouged out by his enemies. Despite his blindness, he kills many of his captors.

In early civilizations, ordinary humans were ignored or pitied or feared. Since simply staying alive was an accomplishment for a blind person, people were terrified of becoming blind.

The ancient Greeks allowed blind people to beg, often in the choicest locations, which included temple steps. At one time in ancient Rome, feeding blind beggars was forbidden, and in both Rome and Greece, blind infants were sometimes abandoned or outright killed.

In ancient China, sightless people were believed to be spared the mundane drudgery of daily life, and many blind individuals were rewarded with high positions in the courts. Blind people in ancient Japan and India were also treated well.

Such treatment of the blind, however, has been unusual in history. Few societies have had the resources to care for blind people because life for everyone was often a struggle for

Few examples of people leading well — Broad generalizations

food and shelter. The burden of caring for a blind person was more than most people could endure. Often the blind were abandoned, cast loose to live on the streets as beggars. The blind, unable to obtain even the barest necessities, rarely survived long.

With the growth of Judaism as well as the later Christianity and Islam, some people in the Middle East and Europe began to treat the sightless with compassion. All three of these religions preached charity for the less fortunate. The Bible urges, "Do unto others as you would have others do unto you," and the Koran, the sacred book of Islam, says, "As for him who voluntarily performeth a good work, verily God is grateful and knowing."

At various times in history, many blind people were also regarded as having special abilities. For instance, because blind people compensate for their lack of sight by developing their other senses, some people thought they had unusual powers. In the Greek and Roman myths, people whose sight is taken away by the gods are sometimes granted special abilities, for example, seeing into the future.

Some few of the blind were gifted musicians or storytellers. Tradition has it that Homer, the greatest poet of classical Greece and the author of The Iliad and The Odyssey, was blind. In the seventeenth century, the English poet John Milton wrote his epic poem Paradise Lost (1667) after

he lost his vision. The poets, storytellers, and musicians were the fortunate ones, however, because people depended upon them for information, the latest news, and entertainment. No one cared whether a performer was blind.

A REVOLUTION FOR THE BLIND

In the eighteenth century in France, a man was born whose accomplishments eventually would lead to a change in the circumstances of blind people. That man was Valentin Hauy (1745-1822).

As a young man, Hauy was appalled by the insensitivity of others toward the sightless. He felt pity for ten blind men performing outside a French cafe as the patrons made fun of them. Hauy believed that if the blind learned reading, writing, and music they would be less dependent upon charity. They would be capable of at least some independence because they could earn their own livelihood.

In 1803, fourteen years after the French Revolution, Hauy was able to teach his first blind student. The method consisted of pricking a piece of paper with a pen, forming each letter of the alphabet. He then reversed the paper, and the student deciphered the raised letters by running his fingertips across the paper. Hauy's method was so successful that he became world famous. Eventually he was invited to start schools for the blind in other European countries.

Hauy's method of pricking out entire letters was both

laborious and time consuming. What was needed was an easier method of writing for the blind. That method was developed by Louis Braille (1809-1852).

Braille, like Hauy, was a Frenchman. He lost his sight when he was four years old when he accidentally pierced his eye with a sharp tool in his father's workshop. His eye became infected, and since antibiotics were unknown in the nineteenth century, the infection spread to his other eye. Louis Braille became totally blind.

His parents sent Louis away to the Royal Institution for Blind Youths in Paris, which was founded by Hauy. Braille studied there and became an accomplished cellist and organist. When he graduated, he was asked to be a teacher in his former school. Such a request made of a blind person was a rare occurrence.

Like Hauy, Braille soon recognized that those who had lost their sight were severely restricted in gaining a livelihood because they were unable to read or write print. He began to experiment with a form of communication that had been used in night warfare by a French army officer. This officer, who wanted to prevent his soldiers being perfect targets as they read orders by candlelight, had developed a type of writing that could be read in the dark. This method was really a code and employed raised dots on paper, which the soldiers interpreted by touch. Each group of dots represented one

letter of the alphabet or one number.

Braille reasoned that if a sighted soldier could read in the dark so could a blind person. This system of writing was called braille. It was much easier to use than Hauy's labored letter-by-letter method. Eventually the leading form of written communication for the blind was called Braille.

THE REVOLUTION COMES TO AMERICA

In the late nineteenth century, the American Samuel Gridley Howe (1801--1876) was instrumental in helping the blind to an even more complete education than that offered by Hauy or Braille. Howe had a passionate interest in social reform. Both he and his wife, Julia Ward, author of the "Battle Hymn of the Republic," were abolitionists.

Howe left a promising career as a physician to become the director of the New England Asylum for the Blind. His first student was Laura Bridgman, who had become deaf and blind after contracting scarlet fever. Like Hauy and Braille, Howe experimented with ways to teach his blind student to read. He pasted the raised letters spelling "spoon" onto an actual spoon. He repeated the process with other objects, and in this way, he taught Laura how to read. Laura was an excellent student, and Howe's success with her led to his fame and influence spreading throughout America and Europe.

Howe traveled extensively, visiting and studying the various European schools for the blind. Among the people Howe

met was the British author Charles Dickens, who was much taken with the American reformer. When Dickens's own sight began to fail, he paid to have his book The Old Curiosity Shop published with raised print so that individuals with poor vision could read the novel.

Howe returned to the United States organized a school for the blind based upon the following premises. Education should permit each student to reach his or her fullest potential. Although academic subjects were taught, the main emphasis was on music and crafts.

At first, his school had only a few students, and he operated it out of his family home. Eventually he was able to move out of his house and establish the Perkins School for the Blind, named after its financial benefactor. Meanwhile, similar schools began to appear in New York and other states. The formal education of the blind in America had begun.

THE MIRACLE WORKER

One of the graduates of the Perkins School for the Blind was Anne Sullivan (1866-1936), who was to become famous as the teacher of Helen Keller. Anne's childhood was marred by poverty. Her parents died when she was quite young, and she suffered from a severe visual impairment caused by trachoma, a severe eye disease that, if untreated, leads to blindness. Her relatives were unable to care for Anne, so she and her brother were placed in the Tewksbury House, a state-run institution for

Check date when name was changed to Perkins School for the Blind - was an asylum prior to change

the poor in Massachusetts.

At Tewksbury House, Anne grew to adolescence amidst the poor of Boston. She eventually requested and was sent to the Perkins School for the Blind, where the teachers understood her needs as well as her disciplinary problems caused by years of poverty and loneliness. One teacher advised her to seek surgical treatment for her poor eyesight, so Anne underwent several eye operations which helped her vision considerably. Eventually she learned that it would be in her interest to learn all she could so that when she graduated she could look forward to finding a good job.

Anne Sullivan Macy graduated with honors and was offered a position as tutor to a young girl, Helen Keller (1880-1968). Helen was six years old and was both blind and deaf. She had lost her sight and hearing at nineteen months of age after falling ill and developing a very high fever. Helen lived in a prison of darkness and silence and was given to emotional outbursts and poor behavior, which her family overlooked out of compassion and pity. Helen became uncontrollable.

It took Anne Sullivan many months to teach Helen how to behave properly. It took Anne even longer to make Helen understand language that everything had a name. Anne taught her young charge by tapping words out on the girl's palm.

The first time Helen began to understand the world around her was when she held her hand under the cool rushing water

"finger spelling"

from a pump. Anne ~~tapped out each~~ finger spelled each letter of the word water onto Helen's open palm. Over and over, she spelled out the letters w-a-t-e-r until suddenly Helen grasped the meaning of ~~the hand~~ communication. From then on, Helen asked her teacher the names of everything. Deafness and blindness were no longer a handicap for Helen Keller.

Helen Keller went on to learn to read and write ~~in~~ using braille. She wrote, "I cannot remember how I felt when the light went out of my eyes. I suppose I thought it was always night and perhaps I wondered why day did not come." With Anne Sullivan Macy her teacher, constantly at her side spelling the lectures and books into Helen's hands, Helen graduated with honors from Radcliffe College in 1904. She had already become internationally known with the publication of her book The Story of My Life (1903). Helen became famous and traveled throughout the world as a spokesperson for the blind and deaf. She was in movies and on radio. She dined with presidents and kings.

In 1921, the American Foundation for the Blind was established. Helen Keller became a member in 1924 and was active in national and international programs to improve conditions for those who were blind and deaf. She showed that blindness and deafness were no barrier to success in a sighted world.

William Gibson's 1959 play, The Miracle Worker, tells the

story of Anne Sullivan Mary and Helen Keller, and a movie version was made as well.

BLINDNESS IN BOOKS AND PLAYS

Blind people appear in many fictional and dramatic works. Such appearances are not a recent phenomenon either.

The ancient Greek playwright Sophocles touched on blindness in his retelling of the story of Oedipus in Oedipus Rex. Unknowingly, Oedipus kills his own father and marries his mother. His sin causes great hardship for his people, and only when he puts out his own eyes and wanders sightlessly off are things put to rights.

The protagonist of Rudyard Kipling's 1890 novel The Light That Failed is a painter who loses his sight suddenly and at the same time loses his favorite painting. The movie The Four Feathers is based on the novel by Kipling's contemporary A.E.W. Mason. The hero, a former British officer, courageously rescues another British officer, who, while unconscious, had become blind while staring into the sun.

Blindness is also important in the modern theater. Frederick Knott has three thugs terrorizing a blind woman in his play Wait until Dark. Another play, Butterflies Are Free by Leonard Gershe, concerns a young blind man who attempts to lead a life independent of the smothering attention of his overly concerned mother. He succeeds with the help of a young woman who helps him find his freedom and obtain complete

independence. Both plays were made into movies.

Original movies have occasionally used blind protagonists to good effect. In 23 Paces to Baker Street (1956), Van Johnson plays a blind playwright who accidentally overhears the details of a kidnap plot. This playwright has a keen sense of hearing and smell, developed as a result of his blindness, that allows him to solve the central mystery. More recently, Victoria Principal starred as a blind woman whose testimony about the killer of her husband is initially dismissed by the court. This movie, Blind Witness (1989), was written by the blind actor and musician Tom Sullivan.

DISTINCT INDIVIDUALS IN A MODERN WORLD

The blind have come a long way since the days when they were stoned and shunned, and society's attitudes toward the blind have come a long way as well. Today blind people can lead full and productive lives. They can be as well educated as the sighted. When they graduate from school, they are no longer automatically shunted into low-level jobs or classified as unemployable.

These achievements did not happen overnight, of course. For instance, as recently as 1980, approximately seventy percent of blind people were unemployed. Much of the reason for the changed situation for blind people has resulted from new social attitudes, technologies, and laws. The recent Americans with Disabilities Act, which gives full civil

liberties to individuals with disabilities, should go a long way in rectifying past wrongs.

Whereas in ancient times the blind were pretty much left to their own devices, today numerous individuals and organizations are active on behalf of the blind. These include social service agencies, special clinics, and researchers. Organizations help blind people learn skills and get jobs. Doctors try, whenever possible, to prevent people from losing their sight, retard the progress of disease, and even sometimes restore sight. Medical researchers search for new methods of prevention and treatment. And companies develop products to aid the blind.

In many ways the lives of blind people have become similar to those of the sighted. Blind people today get married and have children. They go to PTA meetings and do volunteer work. They act, play music, and write books. In the field of music, there have always been well-known blind musicians, from the nineteenth-century black pianist Blind Tom, who knew thousands of pieces of music by heart, to today's pop musicians such as Ray Charles and Stevie Wonder, folk and blues guitarists Doc Watson and Sonny Terry, and jazz pianist George Shearing. There are also blind disk jockeys, artists, mechanics, computer programmers, lawyers, doctors, and athletes.

In his book The Disabled and Their Parents, Leo Buscaglia reminds us "that the disabled are their own persons. . . .

Each person is a distinct individual--there are no two blind people the same; remember that they are persons first and a disabled person second; the disabled individual has the same needs you have, to love and to be loved, to learn, to share; they also have a need to fall, to fail, to cry, to despair. To protect them from these experiences is to keep them from life; remember that a disabled person has to decide what he or she wants to become-not what we desire them to become. . . ."

CHAPTER 2 Science and Vision

The human eye is a complex and sensitive biological instrument. It can see a hair on a sleeve from the distance of a few inches or the towering buildings of Manhattan from miles away. It can see clearly in the sunlight, and yet it can also perceive shadows and shapes in a dimly lit room. Each of its parts is either directly involved in vision or in maintaining the biological equipment needed for vision.

HOW WE CAME TO LEARN ABOUT THE EYE

The first people we know who took an interest in the eye were the ancient Babylonians and Egyptians, who studied the eye and catalogued and treated eye conditions. The ancient Greeks, among them the famous philosopher Aristotle (384-322 B.C.), studied the eye and had an accurate if incomplete knowledge of its structure. The great Roman physician Galen (A.D. 131-210) also studied the eye.

During the Renaissance, the famous Italian artist and inventor Leonardo da Vinci (1542-1619) investigated the anatomy of the eye, in order to more accurately portray the human figure in his paintings. He likened the workings of the eye to

those of the camera obscura, a device that can project a picture of the outside world into a dark chamber. Other scientists who moved along our knowledge of the eye include the German astronomer Johannes Kepler (1571-1630), the Dutch microscopist Anton van Leeuwenhoek (1623-1723), and the German scientist Hermann von Helmholtz (1821-1894).

Kepler was the first to recognize the importance of the lens--it focused an image at the back of the eye. He believed that interference with the function of the lens through either disease or injury would result in blurred vision. Van Leeuwenhoek examined the microscopic structure of the eye. Von Helmholtz invented the ophthalmoscope, the instrument we still use to look into the eye. The ophthalmoscope is like a flashlight with lenses, and using it is like looking into a dark room with a lantern. With this instrument, von Helmholtz was the first to see the small blood vessels of the retina. The ophthalmoscope, along with other instruments, helped scientists come to understand how the eye functions and, of equal importance to the visually impaired, how it malfunctions.

Today, scientists have a pretty clear idea of the structure of the eye and the nature of vision. They understand the nature of many eye diseases and know how to treat them. On the other hand, some things are not yet understood, and the day has yet to come when doctors can prevent, treat, and cure every

serious eye disease.

THE STRUCTURE OF THE EYE

The eye has several main parts: the cornea, the iris, the pupil, the lens, and the retina. The cornea, the clear front part of the eye, collects most of the light rays that enter the eye. It has many nerve endings that are exquisitely sensitive to pain. Continuous with the cornea is the whitish part of the eye, the sclera. The sclera's opaque fibrous membrane, thicker in the front than the back, is what we call the whites of the eyes. It protects the eyeball much as the mask protects the face of the baseball catcher or hockey goalie.

The next layer of tissue under the whitish sclera is the uveal layer, made up of the choroid, the ciliary body, and the iris. This layer, unlike the sclera, is dark brown. The choroid is richly supplied with many blood vessels that nourish the eye and bring food, vitamins, minerals, and oxygen to all parts of the eye. Its front is made up of the thicker tissues of the ciliary body that secrete a clear liquid known as the aqueous humor.

The aqueous humor bathes the back of the cornea as well as the entire iris and lens. At the juncture where the sclera and the cornea meet is a tiny passage or ring-shaped sinus called the Canal of Schlemm, which drains the aqueous humor from the anterior and posterior chambers of the eye.

The iris is the colored part of the eye. It gives people brown, blue, gray, green, or hazel eyes. The iris surrounds the pupil like a fan. The pupil, the dark spot in the middle of the eye, is actually empty space. It is a dark, watery tunnel.

The iris and the pupil are the gateway to the inner layer of the eye. Light must pass through them in order to reach first the lens and then the retina. The iris is made up of muscle fibers that control the amount of light that enters the pupil. If there is too much light, as on a bright day at the beach, the iris's circular muscles contract, squeezing the pupil almost shut so that only a small amount of light enters the eye. If it is nighttime, the iris's radial muscles dilate so that the pupil opens wide allowing as much light as possible into the eye.

The lens consists of layers of tissue similar to those of an onion. It permits the eye to see close objects such as the page of a book or distant objects such as a plane in the sky. This process is called accommodation.

Behind the lens is a gelatinous fluid known as the vitreous humor. This fluid is 99 percent water and 1 percent solids. It is formed by the choroid capillaries and is transparent, filling four-fifths of the empty space in the back of the eye. The vitreous humor nourishes the photosensitive

nerve cells of the retina. It also gives the eye its shape. If the vitreous humor should leak out, the eye would deflate like a punctured beach ball.

The retina lies at the back of the eye and looks like a stack of thin tissue paper, it is made up of layers of nerve cells or neurons. The first layer of the retina consists of the bipolar neurons; the second, of the ganglion neurons. The final retinal layer contains the rods and cones. Only in the fovea, a tiny O-shaped area in the retina, are the neurons a single layer thick.

Seven million cones are found only in the fovea, where the finest vision, known as acute vision, occurs. The cones allow the eye to see colors. Cones must have enough light to function, which is why we need light to read, sew, or do any fine work. Without intervening nerve cells, the cones receive light rays directly.

Unlike the cones, the 125 million rods lie along the periphery of the retina and receive light passed to them by the bipolar and ganglion neurons. The rods are long and thin nerve cells, more slender and larger than the cones. Rods can accept only black, white, and gray images. They are not sensitive to color. They also provide peripheral vision, allowing us to see out of the corner or side of our eyes.

The rods in the retina operate when it is dark outside or

a room is poorly lit. They contain rhodopsin, a compound made up of the protein opsin and retinene, a Vitamin A derivative. Only when it is dark do opsin and retinene recombine so that the rods can function. Bright light breaks rhodopsin apart into its two components.

The retina also has a white area called the optic disk, through which the retinal arteries and the optic nerve enter the eyeball. The optic disk is called the blind spot because it has neither rods nor cones in it.

The optic nerve carries visual images from the eye to the brain. Its access to the brain is through a small opening in the skull called the optic foramen. Arteries and veins also pass through the optic foramen to supply the eye with nutrients.

HOW WE SEE

What actually happens when you look at some object such as a rose? The eye itself operates much like a camera. The cornea bends the light rays reflected from the rose so that they focus on the lens of the eye, just as the aperture focuses light on the lens of a camera.

Before these light rays reach the eye's lens, however, they must travel through the pupil. Completely surrounding the pupil is the iris, which functions like the diaphragm or f-stop of a camera. The iris closes or widens the pupil in order that

the proper amount of light can enter the eye. In a dark room, the iris opens the pupil wide so that enough light may enter the eye. On a sunny day it allows very little light to enter the pupil.

The light rays from the rose, after passing through the pupil, are now focused on the lens, which sends the image onto the retina, the eye's equivalent of film. If you could pull the rose's image out of the eye after it left the lens, you would see that the rose appears inverted or turned upside down. The rose would appear to be standing on its petals. This same phenomenon can be seen by taking out the lens of a microscope. Turn the lens around so that you are peering into it backward and look at the upward pointing fingers of your other hand. The lens will make your fingers look as though they are pointing downward. This is exactly what happens to an image after it has passed through the lens of either the eye or the camera.

Then the lens focuses the inverted image of the rose toward the fovea in the retina. The cones in the fovea convert the light from the rose into electrical impulses and pass these impulses through neurons to the optic nerve. A typical neuron has threadlike projections known as dendrites that almost touch the next neuron. Each electrical impulse, like a person jumping from rock to rock in a pond, leaps from dendrite to

dendrite as it travels along the neuron pathway of the optic nerve.

Finally the image, still in the form of electrical impulses, moves from the optic nerve into an area in the back of the brain. Here in the vision center of the brain, the impulses are processed and the image of the rose is turned right side up. Unlike a camera, in which the film must be removed and developed in order to see the pictures, the eye processes the image immediately for viewing.

WHAT IS NORMAL VISION?

In normal vision, the focal point of light entering the eye, like an arrow hitting a bull's-eye of a target, falls directly on the fovea. If light rays are not focused exactly on the fovea, it is like an arrow missing the bull's-eye. The result is blurred vision.

Normal vision also requires that both eyes operate and focus together in what is known as binocular vision. Binocular vision makes things appear three-dimensional. The brain merges the images from both eyes, each seen from a different angle, to create a single three-dimensional form. A failure of the eyes to focus together means a flaw in binocular vision. The result is double vision.

VISION DEFECTS

A person with myopia is nearsighted. A nearsighted person can

flexibility and becomes more rigid. This condition is called presbyopia and often begins in the forties. Presbyopia has much in common with farsightedness because the presbyopic suffers from an inability to focus on near objects such the printed page when reading. Older people suffering from presbyopia often hold a newspaper with extended arms in order to see the print.

These defects in the eye are generally correctable; they are not, usually, the result of eye disease. Others eye problems, however, are more serious. They are the ones that lead to visual impairment and blindness if prevention or treatment fails.

CHAPTER 3 The Causes of Blindness

In ancient times, some people thought blindness was caused by sin or supernatural powers. Blindness was also thought to be contagious. Still others, of a more scientific inclination, observed that various eye diseases could cause blindness. In the middle ages, when superstition was rampant, disease, including eye disease, was thought by many to be caused by evil spirits or "bad air."

Only in more recent times have we come to recognize that blindness has definite causes--like disease--that can be proven scientifically. Today we know that disease and eye injuries are the major causes of blindness and serious visual impairments.

PRESSURE DAMAGE

The leading cause of existing cases of blindness and the number-two cause of new cases in the United States is glaucoma, which is an increase in pressure within the eye. Glaucoma commonly affects both eyes, and except in the most severe cases, it has no symptoms. Glaucoma is responsible for about 10 to 20 percent of all cases of blindness in the United

States.

The main cause of glaucoma is increased intraocular pressure. Normally the balance between the secretion and drainage of the aqueous humor maintains a relatively constant pressure within the eye. The ciliary body, the thickest part of the choroid, constantly secretes aqueous fluid that carries nutrients and takes away the wastes from all parts of the eye. The waste-carrying aqueous humor in the healthy eye drains through the Canal of Schlemm, but any blockage of this canal leads to a buildup of pressure inside the eye from the trapped aqueous humor.

Untreated, glaucoma eventually destroys the small blood vessels of the retina that nourish the photosensitive cells, the rods and cones. It also slowly destroys those blood vessels that bring nutrients to the optic nerve. When blood vessels die, so do the nerve cells they nourish. In glaucoma there is a gradual loss of vision until total blindness occurs. First the rods die, and peripheral vision is lost. Then the nerve cells in the optic nerve die, and the victim of glaucoma becomes totally blind.

The most common form of this glaucoma is wide-angle or open-angle glaucoma. In one form of glaucoma, the Canal of Schlemm is partially blocked by the iris, whose position usually provides enough room for full drainage of the aqueous

humor. With only partial drainage, interior eye pressure builds up gradually over a period of years. A person with wide-angle glaucoma experiences no symptoms until his or her vision begins to fail. Fortunately, early detection of increasing pressure within an eye can save that person's eyesight.

Narrow-angle glaucoma is both rarer and more dramatic in its onset than wide-angle glaucoma. Its development is also a medical emergency and should be attended to at once by a doctor. The elevation of the pressure inside the eye is more rapid and many times higher than in wide-angle glaucoma. The cause is dead cells or tissue almost entirely blocking the Canal of Schlemm, making the eyeball become very hard. This form of glaucoma, unlike wise-angle glaucoma, is extremely painful and is accompanied by the perception of halos around lights, headaches, nausea, vomiting, and abdominal pain. The latter is often mistaken for a stomach upset. The destructive effect on the optic nerve is rapid and severe. Narrow-angle glaucoma damages not just the retinal and optic nerve cells but the whole eye. Without immediate treatment, blindness is inevitable within a few days.

Narrow-angle glaucoma occurs mainly among the elderly. The lens adds new layers of tissue to itself each year, and sometimes when these layers become thick in old age, they push

against the iris. This pushing completely pinches off the flow of aqueous fluid and results in narrow-angle glaucoma.

Congenital glaucoma occurs in babies up to six months old. The baby is born with irises that partially block the drainage of aqueous fluid, and as with other forms of glaucoma, the result is increased pressure within the eye. The baby's pupils become large--because of this increased pressure. Hence the name "ox-eye" for this condition. The baby cries when exposed to intense light and screws up his or her eyes even in normal daylight. Diagnosed early, this form of glaucoma can be cured by immediate surgery. Untreated, as with all glaucoma, blindness eventually results.

Different instruments are used for detecting glaucoma; one is the pneumotonometer. This device releases a puff of air against the cornea which measures the eye's interior pressure. Robert N. Weinreb, an ophthalmologist at the University of California, has developed a new laser process for discovering glaucoma. His laser tomographic scanner provides a computerized image of the optic nerve that can be used to measure and identify the early stages of glaucoma. The image of the optic nerve for the normal eye appears as a shallow depression, but in glaucoma the depression is larger and deeper.

LOSING ACUTE VISION

The retina covers three-quarters of the back of the eye and is perhaps the most fragile and delicate part of the eye. Any disease or injury to the retina is serious since it means the loss of some photosensitive cells, the rods and cones. Untreated damage inevitably leads to visual impairment and, if severe enough, blindness. Ophthalmologists can replace an injured cornea or lens, but they cannot replace the retina. Some researchers are experimenting with retinal transplants, but the work is in its very early stages. Such transplants can register light but do not enable a person to see. The second leading cause of existing cases and the leading cause of new cases of blindness in the United States is macular degeneration, a serious retinal disease that affects the central vision or the ability to read, write, or do fine work. The exact cause of macular degeneration is unknown, but it is most often associated with aging.

The macula is a tiny area in the retina. In the middle of the macula, like the bull's-eye in a target, is the fovea, where acute vision occurs. In the elderly, the small blood vessels (capillaries) that nourish the eye become narrower and hard. Consequently less blood reaches the retina's photosensitive cells and they begin to die. The macula becomes increasingly thinner as more and more photosensitive cells die. Vision begins to blur.

Macular degeneration has few symptoms. It usually occurs after the age of fifty, and only one eye is affected at a time. A simple test for this disorder is for an individual to look at a telephone pole while first closing one eye and then the other. The pole appears uneven to someone who has macular degeneration. Another simple eye test involves the Amsler Grid, which is similar to graph paper. Macular degeneration makes the straight lines appear distorted or blurred.

Left untreated, the disease progresses to the stage where leaking blood vessels in the retina eventually cause the complete loss of central vision. People who have macular degeneration retain their peripheral vision, so they rarely experience complete blindness.

The diagnosis of a retinal detachment as well as macular degeneration is made by an ophthalmologist upon viewing the inside of the eye. Such an interior examination is possible with an ophthalmoscope, a refined version of Hermann von Helmhotz's 1851 invention. This device allows an eye doctor to see the innermost part of the eye, including the optic nerve.

OPAQUE LENSES--CATARACTS

When the usually transparent lens of the eye become cloudy, the result is called a cataract. The name comes from its resemblance to white waters or cataracts in a river. Cataract takes years to develop, as they gradually make the lens opaque

to light. If allowed to reach its final stage, a cataract will block all vision in the affected eye. Advanced cataracts can be recognized by the white spot, like frost on a window, in the middle of the person's pupil. Cataract in older people is the third leading cause of existing cases of blindness (over 8 percent) and the fourth leading cause of new cases in the United States. Of Americans over the age of 40, over 40 million have the kind of cataract related to age.

Cataracts are not a form of cancer nor do they spread from one eye to the other, although they sometimes develop in both eyes at the same time. Ninety-five percent of the people over sixty-five have what is known as senile cataract. Injuries to the eye and diabetes can also cause cataracts, and recent studies have linked cataracts to exposure to the ultraviolet component of sunlight.

Some babies are even born with cataracts. An eye examination at birth and at regular intervals will reveal such cataracts. A baby can develop congenital cataracts because of a chromosomal abnormality or because of the inability to digest the galactose in milk. Others have cataracts because their mothers contracted rubella--German Measles--during pregnancy, particularly during the first three months.

The first symptom of cataracts is a blurring of the vision that requires a frequent change of glasses to see well. As the

1st, 2nd, 3rd leading causes of blindness in U.S. depends on who you believe — Some list Diabetic Ret. Cataracts Glaucoma — It might be better to refer to leading causes and not concern yourself with 1st, 2nd, 3rd etc.

cataracts progress, the individual sees halos or rainbow-colored rings around bright lights, which also begin to hurt the eyes and to interfere with vision.

DIABETIC RETINOPATHY

Retinal damage is often a side effect of certain diseases such as diabetes. Advanced diabetes or uncontrolled diabetes can produce diabetic retinopathy, the major cause of visual impairment and blindness in young people and also adults who have had diabetes for many years. Diabetic retinopathy's late stage is retinal bleeding that causes the macula to swell and results in blurred vision.

Diabetic retinopathy is the third-leading cause of new cases of blindness in the United States. Control of diabetes and blood pressure may prevent diabetic retinopathy.

OPTIC NERVE ATROPHY

The fourth-leading cause of existing cases of blindness is optic-nerve atrophy. This may result from injury or disease. Severe head trauma--for example, an automobile accident or boxing injury--can damage the brain and the optic nerve. Brain tumors and multiple sclerosis can also harm the fibers in the optic nerve, sometimes permanently, affecting vision and sometimes causing blindness. Like most nerves, the optic nerve, once destroyed, cannot grow back. The loss is irreparable.

EYE INJURIES

The leading cause of serious visual problems in children is injuries, but injuries also affect adults. About 1 million people have impaired vision as a result of eye injuries, nearly half that number as a result of injuries in the home. About 20 percent of new cases are work related.

Eye injuries may affect all parts of the eyes. For instance, sharp objects penetrating the eyeball can damage the cornea and retina. Sometimes infection occurs. Sometimes the object--for instance, a tiny splinter or piece metal--remains in the eyeball, causing an infection. External damage, like a blow to the eye, can cause a black eye or severe damage to the cornea and other parts. Substances like household cleaners and industrial chemicals can sometimes permanently damage the corneas, causing blindness. Flames can burn the corneas badly.

Typical nonwork-related injuries to the eyes include gunshot wounds, embedded glass from automobile accidents and embedded fragments of metal from accidents working with hand and power tools, burns from fireworks and common household cleaners, and trauma from sports accidents (especially football, racquetball, and hockey). Damage to the eyes can also occur from looking too long at the sun.

Chapter 6 describes ways you can minimize these injuries and what to do if they occur.

RETINITIS PIGMENTOSA

Retinitis pigmentosa is another retinal disorder and a very serious one. The name retinitis pigmentosa may cover as many as thirty different disorders. Some of these are relatively mild, involving only a little vision loss, while others may result in blindness.

The most common form of retinitis pigmentosa damages the rods. Such damage affects both night and peripheral vision. Symptoms of retinitis pigmentosa first appear between the ages of five and twenty. Those who have this disorder have difficulty seeing at night and in poorly lit rooms. Tunnel vision--a complete loss of peripheral vision--occurs after a number of years. People with tunnel vision cannot see what is around them, only what is straight in front of them. It is as though they are moving through a small, dark tunnel. A loss of peripheral vision makes walking difficult.

Retinitis pigmentosa is a leading cause of blindness in people aged 20 to 64 and affects about 100,000 Americans and 4 million people worldwide.

SCRATCHING THE CORNEA

Loss of vision can also occur if the cornea loses its transparency to light. Contact lenses not inserted properly, not handled with clean hands, or worn for more than eight hours a day can lead to a corneal infection or abrasion the cornea.

the recommended

they vary.

Another leading cause of blindness in Third world or developing countries, one that was once quite common in the United States, is trachoma, a very contagious bacterial infection that scars the infected individual's corneas and results in blindness. Trachoma takes years to develop. Its main symptom is conjunctivitis, an infection of the lining of the eye or conjunctiva. Some 500 million people throughout the world are affected with trachoma, and over 2 million people of them are blind. It is rarely seen in the United States, occurring more frequently in Third World countries. Improving sanitation and using antibiotics are now the way to combat the devastating effects of trachoma.

OTHER RETINAL PROBLEMS

The retina can become detached or torn--usually through accidents--or damaged by high blood pressure.

Most retinal detachments begin with a hole or tear in the retina. Fluid from the vitreous humor then leaks through the hole and flows down between the retina and the choroid, forcing the two apart. The blood vessels of the choroid can no longer supply the detached part of the retina with food and oxygen. Deprived of nutrition and oxygen, the nerve cells in the separated section of the retina die.

Eye floaters are sometimes a sign of a detached retina. They are dark specks that move when the eye moves, and they are quite common in the eyes of the elderly. Although most

floaters are harmless, they may be a symptom of a serious retinal detachment.

Any sharp blow to the eye can cause the retina to tear and rip away from its base, the choroid. Aging also can lead to retinal detachments because, as an individual grows older, his or her retinas generally thin and deteriorate. Aged retinas are fragile and tear easily. Another common source of detached retinas is a shrinking vitreous humor. Sometimes this gel, which fills most of the eye, shrinks and, in doing so, pulls part of the retina away with it. People with extreme myopia are prone to this shrinkage problem.

A flash of light generally accompanies a retinal tear because the retina has no pain sensors. An individual with a torn retina will see something similar to "dark cobwebs." As the retina detaches, he or she may see what appears to be a cloud of snowflakes. Sometimes, it is as though a curtain has fallen over part of the vision. Even temporary blindness may occur.

Hypertension, or high blood pressure, like diabetes, can also lead to retinal damage and possible blindness. The continued pressure, due to increased blood pressure, can rupture the blood vessels of the retina, particularly if they are already weakened by disease, injury, a high-fat diet, lack of exercise, or a high salt intake. When weakened vessels

leak, they cannot supply nutrients to the photosensitive rod and cone cells in the retina. When the retinal cells die, there is visual impairment or eventual blindness.

The blood vessels in the circulatory system offer still another threat to vision: arteriosclerosis, or hardening of the arteries. Arteries do not actually harden but rather become clogged with fatty deposits. These deposits make the arteries less elastic, resulting in poor blood circulation. The causes of arteriosclerosis are high-fat diets, the inability to metabolize fat properly, and diabetes.

Like other arteries in the body, retinal arteries can clog with fat. As these arteries narrow with accumulated fat, they become less efficient at delivering food and oxygen to the retina, retinal cells begin dying. Arteriosclerosis of the retinal arteries rarely produces symptoms, so the first hint of danger may be a sudden loss of sight.

CROSSED EYES

Some threats to vision are readily apparent to an ophthalmologist's most casual inspection. Strabismus or crossed eyes is one such disorder. It usually affects young children, and some babies are born with strabismus. Untreated, it can cause amblyopia or the loss of vision in one eye because that eye is not being used. Illness or injury can cause strabismus, and it can be hereditary.

A major cause of strabismus is a weakened eye muscle. Eight tiny muscles attached to the sclera of each eye move that eye around in various directions. One set of these muscles turns the eye upward, another downward. Sometimes, one eye will have a weak muscle. Unable to compensate for the pull from the stronger muscle, this weaker muscle allows the eye to be pulled to the side so that it is out of alignment with the other eye.

Each eye sends an image to the retina. In normal vision, the two images reach the brain simultaneously and merge into one clear image. In strabismus, the nonaligned eyes send two distinct images to the brain. For example, if a child with strabismus looks at a door, his or her retina receives the image of two doors. It is like seeing two doors instead of one. This phenomenon is called double vision. When this double image is sent to the brain, the brain cannot interpret this picture so it blots out the image from the weaker eye. Double vision stops, and vision appears fine. However, only one eye is really working.

When the weaker eye ceases to function because it is not being used, it becomes blind. A similar process happens to the leg muscles of children who have polio. These children are paralyzed because the polio virus destroys the nerves controlling the muscles to the legs. Even though the muscles

themselves are uninjured, the children are unable to walk because the muscles receive no nerve impulses. Through lack of use, the leg muscles atrophy, or waste away.

A weak eye muscle is not the only cause of strabismus. Astigmatism, nearsightedness, farsightedness, nerve dysfunction, and cataracts can also result in two images reaching the retina. Untreated, the result is loss of vision in one eye.

BLINDNESS THROUGHOUT THE WORLD

Blindness occurs in every country on earth and affects people of all ages. However, in the United States, as a result of a high standard of living and advanced and well-developed treatment plans and surgical methods, the rate of blindness is less than in other, poorer countries. Figures for the number of blind people worldwide vary but go as high as 42 million.

In the Third World--the developing countries--the leading causes of blindness are different from those in the United States. The number one cause is cataract, number two is trachoma, three is a disease caused by a vitamin A deficiency, and 4 is a disease whose cause is a parasitic worm. Three of these are a result of poor sanitation or nutrition.

recommend author provide the names - and list as major causes

Scientists and doctors now know that there are many causes of poor vision or blindness. And through advances in medicine

rather than 1st, 2nd, 3rd etc which varies from country to

and science, many who would have lost their sight can now see.

CHAPTER 4 Treating Eye Diseases

In the past, the treatment for eye disease or blindness ranged from herbal remedies, incantation and prayer, to surgery. Probably the oldest-known reliable remedy has been eyeglasses for people with correctable vision problems. accurate measurement of lens refraction

Early glasses were primitive affairs with poor-quality glass and equally poor magnification. The Chinese in the tenth century A.D were probably the first people to make and use glasses, although the Arabs of the same period also had a good understanding of the workings of the eye and of optics. The first appearance of eyeglasses was in Europe in thirteenth-century Italy. The introduction of printing and the resultant spread of literacy in Europe made spectacles increasingly popular. Beginning in the eighteenth century, breakthroughs in glass manufacturing and a better understanding of optics led to a steady evolution of eyeglasses. But little could be done for the blind.

Although every year, tens of thousands of people lose their sight or are born blind, prevention and treatment have

lowered the number from that of previous years. For example, at one time trachoma left many people blind; today, antibiotics have all but eliminated the threat of trachoma, at least in the United States. Routine glaucoma tests for adults past the age of thirty-five lead to early detection, which increases the chances of successful treatment. In developing countries, improved sanitation and the availability of new drugs will, hopefully, lessen the number of cases of blindness. But while many eye conditions and diseases can be treated with drugs or surgery, blindness itself remains something only rarely reversible.

COUNTERING THE THREAT OF GLAUCOMA

One treatment for open-angle glaucoma uses special eye drops to lower the intraocular eye pressure. Sometimes laser surgery is necessary to relieve the pressure inside the eye. A tiny channel is created through which the aqueous fluid can drain. If this operation fails to bring down the interior eye pressure, the physician may use the laser to cut a tiny opening outside the sclera, permitting the excess aqueous humor to drain. In a newer technique, Dr. Reay H. Brown of Emory University uses a new instrument, the fountain-pen-sized trabecuphine, to cut an opening in the sclera from "within" the eye to relieve the pressure. This operation is faster, lasting

only ten minutes, and produces less injury to the eye than does the traditional operation. Its effects also appear to be more permanent than the older form of surgery.

Pressure buildup within the eye is not the only internal threat to vision. Any damage to the retina, which lies against the back of the eye, is as serious a problem as glaucoma.

TAKING CARE OF MACULAR DEGENERATION

Ret. Detachments assoc. to it

This is for retinal tears associated with macular degeneration

Laser surgery is the most common treatment for macular degeneration. The ophthalmologist, looking through a microscope, focuses the laser beam on the retina and makes a small round burn that seals the leaking capillaries in the hope of preventing further vision loss.

There is no treatment for macular degeneration itself

Until recently, laser surgery was useful in treating only about 25 percent of the victims of macular degeneration. These patients were the ones who had just a few problem blood vessels. Many people had such large numbers of faulty blood vessels that it was virtually impossible to seal them all.

Neil M. and Susan B. Bressler of the Johns Hopkins University School of Medicine have developed a surgical method that may help this latter group. They use a krypton laser to make a series of little burns that form a grid pattern across the retina. After their first experimental trial in 1990 with fifty-three patients, the Bresslers found that most of these

people's retinal bleeding had diminished significantly.

Adding zinc to the diet may be another treatment for macular degeneration. However, most ophthalmologists are reluctant to use zinc since the recommended dosage is very close to the toxic dose.

Most people with macular degeneration must learn to live with this problem. They depend upon proper illumination, books with large print, and visual aids such as magnifying glasses and telescopes to help them continue their normal activities.

TREATING CATARACTS

A century ago, no treatment for cataract existed. Individuals with cataract would inevitably become blind. Today in the United States, surgery and artificial lens implants can restore fading vision so that people who once would have become blind are now able to see, to read, and even to drive a car. Over 400,000 Americans yearly undergo a cataract operation. These operations are 90 percent effective, and complications are rare.

Until a quarter century ago, cataract surgery was a lengthy process. The patient had to a week in the hospital lying very still and then several weeks at home recuperating.

Today, cataract surgery can be done on an outpatient basis--in one type of procedure in about a half hour. In this

procedure, called phacoemulsification, the surgeon, using the most advanced microsurgical techniques, removes the diseased lens by making a small cut above the iris and then fragmenting the lens with an ultrasonic device. The surgeon then removes the lens particles using suction.

Follow-up procedures are sometimes necessary. During cataract surgery, the lens is removed but the lens capsule enclosing the lens remains. In some patients this capsule becomes cloudy and interferes with vision. The surgeon using a special laser can create a hole in the capsule that corrects this problem.

Surgery is also available for babies with congenital cataract. In the past, a child had to be at least six months old before surgery was attempted, but recently surgical techniques have improved so that removal of the cataract is possible within a few months of birth. With early surgery, the baby learns to use both eyes equally and vision is improved.

After cataract surgery when the lens is removed, the patient needs no longer has near vision. In the past, patients compensated for the loss of the lens with cataract glasses. These glasses were thick and caused some distortion because the patient's central vision was highly magnified, while the peripheral or side vision was not. The only way to deal with

this distortion was a frequent turning of the head.

The modern cataract patient has three choices to remedy the loss of near vision. The first option is a plastic lens implant called an intraocular lens implant. More than 95 percent of cataract patients have such implants inserted during or after surgery. Second, the patient may decide to use contact lenses. Third, for those who might have difficulty in handling contacts because of arthritis or neurological damage, the traditional cataract eyeglasses are still available.

PREVENTING OPTIC NERVE ATROPHY

Once the optic nerve has atrophied, nothing can be done. However, damage to the nerve might be only temporary and controllable by drugs and surgery. For example, pressure on the nerve or blood vessels caused by a tumor might be relieved by successfully removing or shrinking the tumor.

FIGHTING DIABETIC RETINOPATHY

Diabetic retinopathy can best be controlled by a strict diet that keeps the blood sugar within the normal range and by daily insulin injections. Eye examinations every six months by an ophthalmologist are also essential in preventing blindness.

If diet and insulin do not control the retinopathy, laser surgery may be required. The early form of this disorder calls for the ruptured blood vessels to be sealed with intense laser

heat in a process called spot welding. The more advanced form of retinopathy requires a different laser to stop the bleeding in hundreds of tiny areas in the retina.

Some people with diabetic retinopathy require a vitrectomy because of retinal bleeding into the vitreous that causes blurred vision. The operation removes the blood-filled vitreous humor, which is then replaced with a saline (salt) solution. The eye would collapse like a punctured balloon without this saline solution. The surgeon also scrapes the retina's scarred and weakened capillaries, which appear like a crumpled, unmade bed. The surgeon reattaches the now-smooth retina to the choroid. Without treatment, the diabetic who has severe retinopathy would go blind.

DEALING WITH RETINITIS PIGMENTOSA

At present, there is no cure for retinitis pigmentosa, but special optical aids and counseling allow individuals with retinitis pigmentosa to lead useful lives. Genetic counseling may prevent this eye disease from being passed from one generation to the next.

TREATING AN INJURED CORNEA

A corneal injury immediately treated by a physician will quickly heal. Delay, however, may result in an infection that often leads to blindness. A scratched cornea is extremely

painful and difficult to ignore because bright lights hurt the eyes so much they cause tears.

The eye doctor checking for a possible corneal injury uses a fluorescein strip containing a dye. This dye turns the cornea orange, and when the doctor shines a cobalt blue light on the eye, any damage to the cornea appears as bright green. In this way the doctor can detect abrasions or the presence of foreign objects such as splinters. After the exam, the physician washes out the eye with saline solution, applies an antibiotic if the cornea is scratched, and covers the eye with a patch.

Corneal transplants--from posthumous (dead) donors--are done when the cornea is hopelessly scarred. An eye operation is performed in which the damaged cornea is replaced by the healthy cornea. Such transplant operations may not be needed much longer because scientists are now developing artificial corneas.

Dr. Walter J. Stark, an ophthalmologist with the Johns Hopkins University School of Medicine, has been experimenting with laser repair of scarred corneas. He uses a special laser to shave thin layers off the scarred cornea. With care, Dr. Stark is able to remove all the injured tissue, leaving a perfectly smooth cornea.

REPAIRING THE RETINA

An ophthalmologist can prevent a retinal detachment if he or she can treat a torn retina promptly. Laser surgery is one of the easiest ways of treating a torn retina. The surgeon, using an argon laser, burns the edges of the tear. This burning creates scars that in turn seal the edges of the torn retina to the choroid. Another way to treat a torn retina is with cryotherapy. The surgeon freezes the back wall of the eye behind the retinal hole. Scars form, sealing the edges of the tear to the choroid. Still another treatment is scleral buckling, in which a plastic band is made to surround the outer eye so that the retina and choroid are closely attached. Over ninety percent of retinal detachments are successfully attached by these methods.

TREATING STRABISMUS

The only cure for strabismus is a medical one. The belief that children can outgrow strabismus is a myth. The basis for this myth is that some children are born with a piece of tissue covering part of the eye that makes them appear cross-eyed. As the child grows, he or she loses this flap of skin and the eyes appear normal.

The treatment of strabismus depends upon the cause of the weakened eye muscle. If the cause is farsightedness, the child

will wear eyeglasses or will wear a patch to cover the good eye. The patch forces the child to use the weaker eye. Eye exercises and eye drops may also prove to be of value. If these methods do not correct the imbalance, then eye surgery is necessary to correct the weak muscle of the poor eye.

Many types of surgery are effective in curing strabismus. According to Dr. H. Jay Wisnicki, Director of Ophthalmology at Beth Israel Hospital in New York, a new procedure using adjustable sutures allows the patient to be treated on an outpatient basis, that is, without hospitalization. The surgeon tightens the sutures, similar to thread, at the time of surgery. Then the doctor readjusts the sutures four to five hours following the operation. This procedure has resulted in better alignment of the eye muscles. This operation, particularly for children over nine years of age, results in a higher success rate than older surgical methods. It also has decreased the number of patients who need a second operation.

In the United States, the men and women in medicine and science have eliminated many causes of blindness and are working on the others. Unfortunately doctors and scientists cannot save the sight of all who have vision problems. And so it is important for people to better understand the experience

and lives of people who are blind.

CHAPTER 5 Living with Blindness

In his book To Race the Wind, Harold Krents describes telling his parents when he is going blind, "I don't want anybody to feel sorry for me just because I can't see." He is grateful that his parents let him be independent and that they did not send him away to a school for the blind.

In elementary school Harold's classmates were stunned by his disability. "What is it like to be completely blind?" they asked. In order to show them that he was just the same, he challenged them to dodgeball, a game he excelled in when he still had some sight. After being hit on many parts of his body by the thrown ball, he was left alone to understand that he was truly blind and would never again be able to enter into most games in the same way with other children in school.

Krents had a lonely childhood. He had few friends. The telephone never rang with invitations to parties or after-school activities. Yet through the emotional support of his parents and his own independence, he went on to attend Harvard University, to become a lawyer, and to marry.

A BRIGHT CHILDHOOD FOR CHILDREN WHO ARE BLIND

Although Harold was not born blind, his needs and problems were similar to those of children born blind. Like all children, blind children need to be loved and cared for. They need an environment conducive to learning. They need support. And they need encouragement to become independent and to feel worthy.

They also need to develop self-esteem, a combination of self-worth and self-confidence. A baby beginning to walk will not be steady on his or her feet, but with practice, the baby becomes skilled. Developing self-esteem also requires practice. Self-esteem is essential to good emotional health. A child who is blind is particularly vulnerable to feelings of low self-esteem. This child may be emotionally scarred by the ill-considered actions or words of others.

Family support is of great importance. A child born visually disabled and raised in an understanding family will learn to cope with the disability. Parents learn, from doctors, teachers, friends, and organizations, the special needs of the blind child, for example, how to arrange the home so the child is safe and secure.

Play and exploration are essential learning tools for the blind child. In her book Being Blind, Rebecca B. Marcus relates how a blind baby, just like a sighted baby, learns about the world through her senses: touching a soft puppy,

Both by Ingrid Dodd - 1ED

suggest adding Parenting Preschoolers and Reach Out and Teach

smelling her mother's milk, hearing a toy with a bell, and tasting ice cream for the first time. Through such experiences, the child learns to develop and use touch, taste, hearing, and smell, all of which will eventually be the child's substitute for sight.

With emotional support, encouragement, and instruction, the child achieves a strong feeling of self-esteem and grows up to become a normal, healthy person who just happens to be blind.

INTERRUPTED DREAMS

It is one thing to be born blind and another to go blind in childhood or adulthood. The latter may find it even more difficult than the child born blind to accept and deal with blindness. For example, a young adult who suddenly loses her sight through an automobile accident loses or thinks she loses what most of us take for granted: the possibility of driving a car, traveling alone, working in a specific career. Her dreams seem shattered forever and must be replaced by new ones. What was once a simple act, like crossing the street, must be relearned in a new way. However, most people who have lost their sight are able to overcome their disability and go on to lead full and productive lives.

SCHOOL DAYS

Today, thanks to the efforts of individuals and organizations

and to federal laws, a good education is possible for blind children. The law says that students with disabilities are entitled to an education as close as possible to that given students without disabilities. The type of schooling, however, depends upon the student's abilities. A rehabilitation counselor for the blind helps each individual to identify his or her interests and capabilities.

Many blind students are mainstreamed--they attend a regular school--and about 90 percent attend public schools at some point. Other students require a more supportive atmosphere than found in the average classroom, so they attend residential schools similar to boarding schools. In these special schools for the blind, they are taught mobility and given emotional support so that they may reach their fullest potential.

Blind students in both regular and special schools make use of many aids. One of these, the slate and stylus--similar to chalk and blackboard--has been around for decades, and many blind students use it from elementary school to college. Students also employ the Perkins Brailler computers, braille writers, talking books, and readers--people who read aloud to the student.

COLLEGE

Many blind students go on to college, and they can be found in

all the traditional classes, including English, history, science, and mathematics. They also take art courses in which, for example, they are able to study three-dimensional art such as sculpture. They study painting by listening to the professor's description of famous works, just as a guide in an art museum talks about the artistry of a work.

In college, blind students are faced with a great deal of information to absorb. How do they cope? Most of them rely on talking books--books recorded on audio tape--to meet the strict college requirements. In addition, blind students employ readers, fellow students who volunteer to read aloud the text for a particular course. In class, many blind students tape lectures and then put excerpts from those lectures onto other tapes, from which they study for tests. They also depend upon aids such as special diagrams and charts whose lines are raised ridges. As with a book printed in braille, the blind student runs his or her fingers over these ridges and is able to understand the diagram or chart.

SPORTS AND ENTERTAINMENT

Today blind people enjoy a wide range of recreational activities. They not only attend concerts, but also movies. Most prefer to be accompanied by a sighted friend who explains the film to them.

Blind people even compete in sports. Many regions of the

there are national as well as state and local orgs!

United States have their own blind athletic associations such as the New York Association for Blind Athletes. These organizations sponsor softball, track and field events, swimming, and even tackle football. Some sports such as weight lifting do not require any special modifications for the blind. Others need special equipment for the blind to play. Beep Soft Ball employs a ball with a built-in beeper. The batter hits the ball by hearing where it is. Other players, who also are blind, catch it by also hearing it.

Blind athletes also compete with sighted athletes. Blind wrestlers compete regularly on high school teams, and some intend to try out for the U.S. Olympic team, hoping to compete in the Special Olympics.

JOBS AND CAREERS

Blind people today are performing jobs that no one would have thought possible a century ago. For example,

*a blind man is an insurance adjustor.

*a blind quality-control engineer tests objects with a braille micrometer and a talking vernier caliper she uses to measure the thickness or the diameter of paper or cloth.

*a blind mathematician uses an abacus, an ancient calculating device made of wires and beads, ~~or~~ a talking calculator to perform elaborate calculations and/or a computer with speech output

*a blind radio announcer reads the news from braille copy and

times his newscasts with a braille stopwatch that has an open face and raised numbers.

*a blind corporate attorney remains informed about the latest law proceedings and government rulings through her braille briefs,

*a blind lobbyist and legislative analyst uses a human reader and audio tapes to keep track of the latest bills being proposed in his legislature.

In the past, people who were blind had a hard time entering ordinary careers, even ones for which sight was not needed. They were, in fact, often considered unemployable, except in sheltered workshops, special industries that used to make handmade household products like brooms and ironing board covers but today make more-industrialized products.

Today, just as equal education became a right, equal opportunity in the workplace is also a right, based upon the Americans for Disabilities Act, signed into law in 1990. This law forbids discrimination for anyone who is disabled--in employment, transportation, communication, housing, and other aspects of life.

At the same time, not everyone who is blind is able to reach his or her career goal--which is, perhaps, not so very different from the situation with sighted people. Some people cannot continue their careers after they lose their sight,

while others can only find jobs involving simple tasks. In other cases, some companies have difficulty in adjusting to a blind employee's method of working and so avoid hiring the blind.

Not all past injustices have been righted, or future injustices prevented. But now there is greater opportunity for all Americans who are blind.

What about Orientation

What about the Firm

What about Orientation and Mobility Specialist

GETTING AROUND

One thing that will not change for a while is the fact that the blind get around differently from sighted people. Sometimes they use a cane, sometimes a guide dog, and sometimes they need the help of another human being.

The familiar long cane is used as an extension of the ~~sense~~ actual. The user sweeps it in front of him or her to detect physical objects in the environment such as walls, curbs, posts, and other people; or The lack of obstacles such as pot holes, decending stairs etc.

Another important aid is the guide, or seeing-eye, dog. A guide dog gives a blind person greater maneuverability because he or she is no longer so dependent on others to go shopping or to school.

Special schools for the blind teach them how to make use of a guide dog. The blind person, to be accepted as a candidate for such a dog, must be over 16, legally blind, and independent and in good health because a dog needs a great deal

of care and attention as well as daily walks in all sorts of weather. Both the blind individual and the dog take courses that may last from several weeks to several months. In these courses, the person who is blind and the dog grow to know and understand each other.

The dog always obeys the blind individual's commands except when that command would endanger the human. The master or mistress gives the command to go "forward" to cross a street, but the dog will not obey the order if crossing the street is dangerous.

The guide dog serves another function. Blind people who have such dogs say they have an easier time fitting into society. Some of the blind who use a cane instead of a guide dog come to believe that people are looking at them, which makes them feel different and out of place. Most blind people with guide dogs do not feel this way.

ORGANIZATIONS

Ever since the days of Hauy and Braille, organizations have played a key role in the education and support of blind people. At some point, a blind person and his or her family is going to have some contact with an organization or agency for the blind.

In the United States, each state has private or government agencies to help the blind and their families as well as employers, educators, and others involved with the blind.

There are also national organizations and government agencies to help the blind.

For example, the Lighthouse in New York has many services, programs, and facilities for the blind, based on their capabilities, needs, and interests. These include vocational and professional training, help for parents of blind children, continuing education programs, orientation and mobility training, counseling, residential facilities, physical education classes, medical services, camps, and arrangements for cultural events. The American Foundation for the Blind has programs to help employers interested in hiring the blind. Some organizations are listed in the Appendix at the back of this book.

INTERACTING WITH PEOPLE WHO ARE BLIND

What do you do if you meet someone who is blind? Do you look at them? Say hello as you would to anyone else? What if you use words like "See you" at the end of a conversation. Will you offend the person? And what if you see a blind person standing at a streetcorner? Should you help the person cross the street? Should you escort the person to her destination?

Many people would feel uncomfortable in any of these situations, probably because they do not know how blind people want to be treated. But soon they realized that blind people are just like other people, except that they can't see or see very poorly. Blind people want to be part of the mainstream of

life . . . to work, to play, to marry, and to raise a family, just as most sighted people do. In other words, they want to be treated the same as if they were sighted.

People who are blind enjoy meeting people and making friends. The sighted, however, often find approaching blind people awkward. Sometimes they begin a conversation with a blind person who has a guide dog by saying, "I like your dog." The blind generally learn to accept such approaches. Do not, however, pet the dog. Such a dog is specially trained to be a blind individual's eyes. Therefore, it must be alert at all times, and petting may distract and interfere with the dog's carrying out its duties.

Striking up a conversation with some who is blind is done just the same way as with a sighted person except that you need to make your presence known. Speak in a normal voice since blind people are not deaf, and ~~try to talk directly at the blind person because, when you turn your head away, your voice becomes less distinct.~~

Discussion of the person's disability should be handled delicately. Preferably it should be considered a nuisance and nothing more. The blind prefer that you speak easily and comfortably in their presence. Do not hesitate about using such common words and expressions as "see" and "I was so blind." Blind people recognize that these are figures of

speech and understand that they are not said unfeelingly.

Although a blind person can usually recognize friends by the sound of their voices, it is only polite to give your name when you start a conversation. Address that individual by name so that he or she knows to whom you are speaking, and be sure to tell the person when you are leaving. Do not leave him or her talking to empty air.

If you happen to meet your blind classmate in the cafeteria, for example, you might say, "He, Sarah, it's Ev, you know, from English." When you leave, you might say, "I have to go now, Sara. See you at lunch."

At lunchtime, you should quietly explain to your blind friend where the table and chairs are located and where the trays and silverware are. When you reach your table, tell her you are going to place her hand on the back of the chair so that she can then seat herself. You might also explain the table setting simply: "The salad is at one o'clock. Your turkey sandwich is at six o'clock. Etc." Then you can both relax and discuss the joys, indecisions, interests, and problems of typical teens.

In walking, blind people may enjoy your help but often prefer to be independent. Do not take a blind person's arm. Let him or her take <u>your</u> arm, just above the elbow, and do not push or pull. Ask where he or she wants to go and what

direction you are going. Say, "We are coming to a turn in the hall and will be going left." Always stop before curbs so that he or she is prepared and does not stumble or fall.

If you see a blind person walking down the street with a guide dog or using a cane, ~~give him or her more room on the sidewalk.~~ What? Please NO! Blind people with canes or guide dogs generally do not need assistance, unless, for example, they are lost or aren't sure whether it's safe to cross a street. You can always ask if you aren't sure what to do.

NEW TECHNOLOGY

All over the world, the latest technology has increased the blind individual's ability to function in a sighted world and to work at a variety of jobs. It also is hardly used in the U.S. Recommend it NOT be given the space

The Russell Pathsounder is an aid to walking. It is a small box that hangs from a blind person's neck and directs beams of ultrasound that informs the user when an obstacle such as a wall or another person is between three and six feet away. The blind can also use this device to tell when they have reached their destination, for example, their office or home.

Another device is the laser cane. This cane has a box that emits a laser beam. It sends three distinct signals to warn its user of a downward step, an obstacle directly in front, and an overhanging object such as an awning or a tree branch at head height. Same here Very Expensive For use it

For O & M technology device example, recommend discuss MOWAT Sensor

Modern technology has also provided the visually disabled with a calculator that talks. A synthetic voice repeats the number pressed by the user and tells the person the type of calculation chosen and the answer. These talking calculators are actually less error prone than those with visual displays because the user can quickly hear when the wrong number is pressed.

This technology is about 15-20 yrs old

It's not the calculator that is less error prone — Because its auditory it helps the user catch entry errors,

Technology supplies the blind with many types of paperless braille machines. The blind are able to read with such machines as the Optacon, which stands for optical tactile converter. This machine has a camera that recognizes the shapes of letters on a printed page and transmits this information as an electrical signal to another small machine. This second machine forms each letter of the scanned page by raising metal pins. There are 144 pins arranged in twenty-four rows and six columns. The blind user reads by touching the raised pins with his or her fingers.

WRONG

NOT a second machine

The Optacon IS NOT a paperless braille

Kurzweil Computer Products makes a different type of reader for the blind. The Kurzweil Personal Reader, PC version, weighing less than twenty pounds, is portable and converts the written word into braille. It has an optical scanner, similar to the mouse used with some computers or computer games. The user places the page of a book under the scanner, which converts the printed words into synthetic speech.

synthetic speech

WRONG, into synthetic speech

RIGHT

BRAILLE

Need additional equip for this process

or ~~into Braille~~. The Kurzweil Reader can also be connected to a computer, and it can function as a talking calculator and more

The IBM Screen Reader permits a blind computer operator to hear text displayed on the computer monitor. For those with some vision there is another version, which magnifies the images on a computer screen. There are many front to speech converters programs for the computer

There are many useful aids for the blind, including a talking alarm clock that reports the time on the hour; a wrist watch with raised numbers and minute and hour hands that the user can touch to tell the time; household scales with raised dots that denote every quarter-pound, one-pound, and five-pound weight; and ~~the Robinjet~~ devices, which enables blind diabetics to self-administer insulin. In addition, there are many products for hobby, household, and outdoor needs.

Would recommend that author not just identify IBM.

Today both the blind and the sighted realize that living sightless is not easy. But thanks to understanding, laws, technology, and the efforts of individuals and organizations, the blind can more fully participate in society. And as they do this, they are being accepted for their abilities rather than their disability.

CHAPTER 6 Caring for Your Eyes

The prognosis is good today for many Americans with vision problems. Some can be corrected easily, with glasses or contact lenses; others can be treated with more sophisticated methods. But whether you have no problems with your eyes, or have an eye injury, or feel that something is wrong with your eyes, the wise thing to do is to see your family doctor or eye doctor for regular checkups and special exams and to seek immediate medical treatment for eye emergencies. Doing this will help you prevent more serious eye problems or even blindness.

EYE EXAMS

An eye exam not only checks for correctable defects like nearsightedness but for more serious eye problems. Most people see an optometrist, who checks their eyes for signs of disease and determines the quality of their vision. The optometrist also can prescribe corrective lenses and will refer people with possible eye diseases to an ophthalmologist, an M.D. specializing in the eye. If you need glasses, you will be referred to an optician, who makes, fits, and sells corrective

lenses but does not check the eyes. The cost of a yearly examination by an optometrist or ophthalmologist is slight in comparison to the tremendous financial and emotional cost of blindness. If you need corrective lenses or a new lens prescription, finding this out as soon as possible will make your daily life that much easier. Delaying wearing glasses will probably not make you go blind, but it will make it harder for you to avoid accidents, play sports, and do well in school.

Everyone, whether or not they have any special eye problems, should have a regular checkup by an optometrist or ophthalmologist. How often this is done should be determined in consultation with the doctor. Special visits need to be paid to attend to any problems, for example, if you are complaining "the words are blurred," "I have trouble seeing the blackboard," I see double," I get a headache when I read," "my eyes hurt," and so on. An eye exam is advisable for you or any you know who rubs his or her eyes a lot, whose eyes are reddish or bloodshot, who squints to read a sign or hold a book close while reading, who has crusts on the eyelids, who blinks frequently, or whose eyes are crossed or become crossed when tired.

Children with strabismus--crossed eyes--need special care. Many parents think strabismus can be outgrown or that it takes time for the muscle to become stronger. This is false. If the

turned eye is not treated before four to six years of age, preferably by age three, it can cause blindness in one eye. That is why every newborn is carefully assessed for crossed eyes. If there is strabismus, the infant is placed under the care of an ophthalmologist.

Diabetics should be under the care of their family doctor and of an eye doctor as well. They should see an ophthalmologist every six months and as soon as possible if they have problems with their vision. Immediate attention may save their sight and delay diabetic retinopathy.

People, especially children, who come from families with a history of eye problems such as glaucoma or retinitis pigmentosa, need careful and regular eye exams. Older people like your parents need eye exams regularly at age 40--or sooner--to check for glaucoma. It has no overt symptoms, but an eye exam will reveal any problems. If it is treated in its earliest stages, blindness can be prevented. People with a history of glaucoma in their family need to be checked for glaucoma starting at age 20.

Author is speaking of glaucoma. This is incorrect because some forms have symptoms. 'What pain?'

People with eye injuries or suspected eye diseases should see an ophthalmologist immediately. Complaints about eye pain, an eyeball that is red, or pus coming out of the eye require immediate medical attention as well.

PREVENTING INJURIES AND PROTECTING YOUR EYES

People can take a number of measures to protect their eyes from disease or injuries. Following emergency first-aid procedures after eye injuries--whether it is flushing out your eyes with water or calling an ambulance--can help prevent permanent damage to your eyes. The essential thing is to act immediately.

1. If a household liquid or powder accidentally gets in your eyes, immediately wash your eyes with copious amount of water under a shower or faucet. Don't use an eye cup because much more water is needed to wash out the eye. Keep your eyelids open with your fingers. Gently flush the eye with water for about twenty minutes until all the pain is gone. Call an ambulance or have someone drive you to the nearest hospital emergency room.
2. Many injuries can be prevented by following proper safety instructions when using firearms; wearing a seat belt; avoiding firecrackers; wearing safety goggles, masks, or helmets while playing sports; following the directions on household cleaners; and wearing protective goggles when working with tools or chemicals (for example, in the science lab). Since many eye injuries are caused while working, make sure you wear appropriate protection at any potentially hazardous job.
3. Protect the eyes from the harmful effects of the

ultraviolet radiation in sunlight. Wear sunglasses recommended by your eye doctor that block both components of sunlight--ultraviolet A (UVA) and ultraviolet B (UVB). Most sunglasses indicate the degree of protection on the package or on a sticker on the glasses. Prescription sunglasses should have the same protection. Wear sunglasses when outdoors, especially when skiing, spending the day at the beach, and boating. Remember that snow reflects a lot of light and that reflected sunlight easily burns the eyes. Also wear a hat and, if possible, spend at least some time in the shade.

4. Do not stare at the sun or view an eclipse directly. It can damage the retinas and cause blindness.

5. Good nutrition is essential for both good health and good eyesight. Fad diets can be dangerous because they provide inadequate nutrition, particularly of proteins, fats, vitamins, and minerals. The lack of these nutrients can lead to the death of nerve cells in the retina and the optic nerve.

6. Pregnant women, especially teens still in school, need to be aware of communicable diseases such as rubella, or German measles. Although German measles is a common and usually mild childhood disease, it may have devastating effects on an unborn baby. If she gets German measles

when she is pregnant, her baby may be born retarded, deaf, and blind.

IF YOU WEAR CORRECTIVE LENSES...

Many people wear corrective lenses, sometimes beginning at a very young age. There are a few do's and don'ts and facts to be aware of.

1. Wearing eyeglasses or contact lenses neither weakens the eyes nor makes them stronger. Wearing them does prevent eye fatigue and blurred vision while reading.
2. Neither contact lenses nor eyeglasses are necessarily better than the other. The choice depends upon the needs of the wearer. An ophthalmologist can best advise any particular person on which he or she should wear.
3. Contact lenses require special treatment. They must be kept clean at all times and must be placed in a proper container when not in use. They must also be inserted and removed properly and must not be worn longer than recommended. Contact lenses should always be removed at bedtime. A person ignoring these requirements risks eye infection. You may not want to wear them while swimming, and they should be removed when working in the science lab.

Learning about eye diseases and blindness is important in taking care of your sight and in understanding those without

good sight or who are blind. Getting regular eye exams and caring for your eyes is one way to put this knowledge to use.

APPENDIX Organizations and Services for the Blind

The American Foundation for the Blind

15 West 16th Street, New York, NY 10011

National non-profit organization. Conducts research, consultations, produces books about blind and aids for individuals who are blind

Offers a book The Directory of Services for Blind and Visually Impaired Persons in the United States that gives a complete listing, state by state, of all the agencies that work with the visually disabled, as well as library services and literature on how to prevent blindness.

National Association for the Visually Handicapped

22 West 21st Street, New York, NY 10010

Provides literature and information on low vision aids for the visually impaired.

New York Association for the Blind (The Lighthouse)

111 East 59th Street, New York, NY 10022

Offers complete services for the blind and visually impaired.

Recommend only list National Organizations

New York City Public Library, Library for the Blind and

Instead

Library of Congress National Library Service for the Blind and Physically Handicapped Washington DC

Physically Disabled, 166 Avenue of the Americas, New York, NY 10013

Upon written request, supplies a list of libraries that offer braille, cassette, and talking books for any specific region of the United States.

Recording for the Blind, Inc. National

545 Fifth Avenue, Suite 204, New York, NY 10017

Lends taped educational textbooks at no charge.

Research to Prevent Blindness, Inc.

598 Madison avenue, New York, NY 10022

Performs basic research into cause, treatment, and prevention of all eye diseases.

Seeing Eye, Inc.

P.O. Box 375, Morristown, NJ 07960

Provides guide dogs for the blind at no fee.

This is only one of many

Add Association of National Parents of the Visually Impaired

FURTHER READING

Davidson, Margaret. Helen Keller. New York: Scholastic, 1986.

Dobree, John H., and Eric Boulter. Blindness and Visual Handicap: The Facts. Oxford: Oxford University Press.

Glasspool, Michael. Eyes: Their Problems and Treatments. New York: Arco, 1984.

Hubel, David, and Torsten N. Wiesel. "Brain Mechanisms of Vision." Scientific American, September 1979.

Keeler, Stephen. Louis Braille. New York: Franklin Watts, 1986.

Keller, Helen. The Story of My Life. New York: Doubleday, 1903.

Lash, Joseph P. Helen and Teacher: The Story of Helen Keller and Anne Sullivan Macy. New York: ~~Delacorte Press~~ American Foundation for the Blind, 1980.

Marcus, Rebecca. Being Blind. New York: Hastings House, 1981.

Mitchell, Joyce Slayton. See Me More Clearly: Career and Life Planning for Teens with Physical Disabilities. New York: Harcourt Brace Jovanovich, 1980.

GLOSSARY

As these are all anatomical parts of the eye, may want to put at the end of the chapter

aqueous humor. A clear liquid flowing along the back of the cornea as well as over and around the iris and lens.

Canal of Schlemm. Allows the aqueous humor to drain from the eye.

cones. Photosensitive cells in the eye that operate in normal light and allow the eye to see colors.

choroid. Is richly supplied with many blood vessels that bring food, vitamins, minerals, and oxygen to all parts of the eye.

cornea. The clear front part of the eye that collects most of the light entering the eye.

fovea. The site of acute vision and the location of the retinal cones.

iris. The colored part of the eye, surrounding and controlling the opening and closing of the pupil.

lens. Permits the eye to see close or distant objects.

optic nerve. Carries electrical impulses from the retina to the brain's vision center.

pupil. Regulates the amount of light that enters the eye.

retina. Lies at the back of the eye and is made up of many photosensitive cells, such as rods and cones.

rods. Photosensitive cells that provide night and peripheral vision.

sclera. The whitish part of the eye that protects the eyeball.

vitreous humor. A gelatinous fluid that fills most of the interior of the eye.

? ? What is this? It is an organ! what is the pub?

The President's Committee on Employment of the Handicapped. Washington, D.C.: U.S. Government Printing Office, 1984.

Sardegna, Jill, and T. Otis Paul. The Encyclopedia of Blindness and Vision Impairment. New York: Facts on File, 1991.

Sperber, Al. Out of Sight: The Stories of Victory Over Blindness. Boston: Little, Brown, 1976.

Sullivan, Tom, and Derek Gill. If You Could See What I Hear. New York: New American Library, 1976.

Weiss, Malcolm E. Seeing Through the Dark: Blind and Sighted--A Vision Shared. New York: Harcourt Brace Jovanovich, 1976.

Weiss, Peter L. "Eye Diving." Science News, September 15, 1990.

Weiss, Rick. "Eyeing the Optic Nerve." Science News, November 24, 1990.

----------. "Transplanting the Light Fantastic." Science News, November 4, 1989.

Wolfe, Jeremy M. "Hidden Visual Processes." Scientific American, February 1983.

Oliver

Kathleen Huebner
American Foundation for the Blind
15 West 16th Street
New York, NY 10011
UNITED STATES OF AMERICA

RECEIVED
MAR 0 [illegible]
K.M.H.

Marie H. Kovecsi
P.O. BOX 208, Lincoln University
Canterbury
NEW ZEALAND

Dear Kathleen,

Greetimgs from someone who often feels more than half a world away! We have been here more than 18 months and are settling in at our own pace. Husband Dan enjoys teaching at the University and gets involved in sport, as most NZ'ers also do. Jenna has worked quite hard to perfect her Kiwi accent that she assures me is quite necessary for social standing in school (she's 6). Patrick, at three, has adopted the "All-Blacks" (national rugby team) as his heroes. But I still feel as if we just might be upside down here and have all the blood rushing to my head! It has been a good move, sometimes complicated, but quite enlivened, by our "common" language.

I have been fortunate in that I have connected with the vision teachers here. I have been challenged to work part-time with a group of severely handicapped multi-impaired children who are also visually handicapped. This has tested my learnings from Beth Langley to no end but has been quite good to focus only on this group. I am glad to not be itinerant.

We had a recent National teachers meeting (about 35 teachers) and there were some excellent sessions. I somehow found myself appointed on a task force to develop a position paper to use with bureaucrats and Members of Parliament to request funding changes. Deja vu! What fond memories of working with Florida teachers that experience has brought up!

Over all, the teachers were quite involved in discussions on teaching beginning Braille. (All of New Zealand has a whole-language systems approach for teaching reading and teachers were torn between following the regular class books and generate love for reading or whether to follow a more programmed approach to teaching Braille using something like "Patterns".) As you might guess this was a hot discussion. I am enclosing two materials that expand this idea further.

(This is hard to explain -- the books + letter were mailed, Fast-Post, on Monday 17 Feb. On Thurs, 20 Feb, I got this letter returned to me. The books may have gone on to you -- minus the letter. Or they may be found in the Post Office + mailed later. Let me know if you have received

them, by some minor miracle. Sorry!

The BEGINNING READING/WRITING FOR BRAILLE OR PRINT USERS (Gayle Lamb and Ena Danielson) provides many exciting suggestions for using a whole language approach. Gayle presented at our meeting and is quite a good presentor, encouraging us to teach reading first and teach braille by knowing the books well enough to present the braille in some kind of organized manner. Lots of Mangold-type exercises are used also in this approach.

The second book looks like a good reference for practicing braille sight reading or for keeping up on braille. Both materials seemed timely in light of some of the discussions in Louisiana and other places and I thought you might find them interesting, as I do. I hope you don't mind looking them over and then passing them on to whoever is responsible for curriculum matters. Please excuse me for not keeping current on these things from afar!

I am also enclosing a copy of my second letter to the Circulation Department. I am sorry to ask this, but, if you could PLEASE help in any way on this, I would greatly appreciate anything you can do! I truly miss the JOURNAL and would like to do whatever I need to do to get my subscription back again! Thanks, Kathleen, in advance!

One final comment before I close-- I feel quite good to be associated with the vision teachers but have now experienced a true feeling of isolation. There are only 4.5 teachers on the entire South Island which gives new meaning to the word itinerant. The geography, topography and weather conditions add something quite unique. Yet the teachers are quite dedicated but hungry for fresh ideas, etc. If you might be heading this way, please let us know as I would love to see you and we all would love to organize some kind of inservice from your trip. We offer some of the world's best scenery for touring or travelling along with some eager professionals. Let us know if this might be possible.

Sincerely,

Marie N. Kovecsi

PS. I am trying to plan to attend the AER Conference in Los Angeles and would be interested to do any kind of work to help with my airfares. Please let me know if there is something available, either preceding or following the Conference. Thanks, Kathleen, again!

PH. (64)(3) (3252-920) HOME

FAX ATTN DAN SAUERS
(64) (3) (~~[illegible]~~) 325 3847

K. Huebner

Done 3/17/92

1 copy bud all NSA

AMERICAN FOUNDATION FOR THE BLIND. INC.
15 WEST 16TH STREET
NEW YORK, NY 10011

INTER-OFFICE MEMORANDUM

drop

TO: Directors

FROM: Charles T. Lorenzo CTL

DATE: February 28, 1992

SUBJECT: Financial Results For The Seven Months Ended January 31, 1992.

Enclosed for your information is a summary of the Financial Results as of January 31, 1992.

This Financial Data will be reviewed at our March 3, 1992, Department Directors Meeting.

CC: Carl R. Augusto W/Enclosure
Walter L. Decker " "
Susan J. Spungin " "
Lorraine Zamora " "

IBUTIONS
irect Ma
ior & S
lanned G
pecial E
ther

Total C

TS:

NMENT C
alking B

S:
Consumer
ublicati
MB
FOR SER

STMENT I

S:

L INCOME
.....
NSES:

OGRAM EX
NDRAISIN
NAGEMENT

TAL EXPE

OPERATIN
.....
DGETED A

Building
ualized

L REPOR

AMERICAN FOUNDATION FOR THE BLIND, INC.
BUDGET STATUS SUMMARY
FOR 7 MONTHS ENDING 01/31/92

			July 1, 1991 - January 31, 1992			PRIOR YEAR
	JANUARY ACTUAL	TOTAL FY92 BUDGET	7 MONTHS BUDGET	7 MONTHS ACTUAL	VARIANCE OVER/(UNDER) BUDGET	7 MONTHS ACTUAL
ITRIBUTIONS:						
Direct Mail	178,972	1,135,000	725,000	616,818	(108,182)	572,519
Major & Special Gifts	51,512	2,000,000	1,166,667	358,958	(807,709)	277,415
Planned Giving	835,321	2,500,000	1,458,333	2,287,731	829,398	1,453,725
Special Events	0	100,000	0	0	0	7,750
Other	5,230	101,000	52,985	48,930	(4,055)	67,376
Total Contributions	1,071,035	5,836,000	3,402,985	3,312,437	(90,548)	2,378,785
NTS:	10,390	945,970	551,816	539,004	(12,812)	142,308
ERNMENT CONTRACTS:						
Talking Books	362,111	3,395,000	1,980,417	2,105,557	125,140	1,810,730
ES:						
Consumer Products	117,495	1,300,000	758,333	590,825	(167,508)	706,635
Publications	22,922	452,580	264,005	223,448	(40,557)	159,397
JVIB	22,863	200,000	116,667	103,025	(13,642)	104,234
S FOR SERVICES:	6,338	75,000	43,750	41,147	(2,603)	25,012
ESTMENT INCOME:	108,130	1,800,000	1,050,000	809,031	(240,969)	682,253
ER:	(3,732)	20,000	11,667	1,943	(9,724)	13,675
AL INCOME	1,717,552	14,024,550	8,179,639	7,726,417	(453,222)	6,023,029
ENSES:						
ROGRAM EXPENSES	1,116,234	10,719,178	6,313,468	6,539,072	225,604	5,824,146
UNDRAISING EXPENSES	61,460	1,495,721	891,254	776,900	(114,354)	572,300
ANAGEMENT & GENERAL EXPENSES	280,046	2,992,812	1,779,974	1,780,756	782	1,979,771
OTAL EXPENSES	1,457,740	15,207,711	8,984,696	9,096,728	112,032	8,376,217
OPERATING EXCESS (DEFICIT)	259,812	(1,183,161)	(805,057)	(1,370,311)	(565,254)	(2,353,188)
UDGETED ADJUSTMENTS:						
Building Depreciation	(33,333)	N/A	N/A	(233,333)	N/A	0
Realized Capital Gains	123,991	N/A	N/A	1,196,614	N/A	(85,947)
UAL REPORT NET SURPLUS/(DEFICIT)	350,470	N/A	N/A	(407,030)	N/A	(2,439,135)

AMERICAN FOUNDATION FOR THE BLIND, INC. 15 WEST 16TH STREET, NEW YORK, N.Y. 10011

Inter-Office Correspondence

MEMORANDUM

TO: Christine Pawelski

FROM: Kathleen M. Huebner DATE: March 16, 1992

SUBJECT: Kudos

Congratulations on the article Counterpoint and NCAD. Well done and a significant milestone. I do not remember ever seeing anything on the issue, let alone such a large spread, in any NASDE publication.

Congratulations!

KMH:sh

cc: Susan J. Spungin
Carl R. Augusto

Founded 1921
HELEN KELLER
Counselor
1924-1968

REGIONAL CENTERS
NORTHEAST
15 West 16th Street
New York, NY 10011
(212) 620-2037

MID-ATLANTIC
1615 M Street, NW
Washington, DC 20036
(202) 457-1487

MIDWEST
20 North Wacker Drive
Chicago, IL 60606
(312) 269-0095

SOUTHEAST
100 Peachtree Street
Atlanta, GA 30303
(404) 525-2303

SOUTHWEST
260 Treadway Plaza
Exchange Park
Dallas, TX 75235
(214) 352-7222

WESTERN
111 Pine Street
San Francisco, CA 94111
(415) 392-4845

GOVERNMENTAL RELATIONS
1615 M Street, NW
Washington, DC 20036
(202) 457-1487

EXECUTIVE FAX: (212) 727-1279
FAX: (212) 727-7418
TDD: (212) 620-2158
HOTLINE: 1-800-232-5463
CABLE ADDRESS: FOUNDATION, NEW YORK

American Foundation for the Blind, Inc.

15 West 16th Street, New York, New York 10011 (212) 620-2000 Founded 1921

February 13, 1992

Ms. Julia Richardson
Associate Director
Assoc. for Education and
Rehab. of the Blind and VI
206 N. Washington Street, Suite 320
Alexandria, VA 22314

Dear Ms. Richardson:

Thank you for your letter of January 27, 1992 in which you inquired if Kathleen M. Huebner's presentation on Thursday, July 2, 1992 can be extended for 45 minutes beyond the scheduled time. I have shared this information with Kathy and the extra time is most certainly welcomed. She is expecting to present during the time slot from 4:00 PM - 5:45 PM.

Once again thank you. You may be assured that your best wishes were also expressed and greatly appreciated.

Sincerely,

Sara Hernandez

Sara Hernandez
Executive Secretary

cc: Susan J. Spungin
Kathleen M. Huebner
Elga Joffee
Jeanne G. Prickett
Terry R. Welch

FFICER

RESIDENT
illiam Wie
kamazoo

RESIDENT
ichael J. S
dianapolis

ECRETAR
REASURE
etty J. Do
Bloomsburg

AST PRES
oni Hamo
eKalb, IL

IRECTO

ANADA
ennifer Le
ay M. Wo

HATLAN
m Deter
ancy D. W

ORTH CO
ndrew Pa
obert E. T

ORTHEA
ohn W. H
aren S. R

ORTHWE
andy Kro
en McCu

OUTH CO
illy T. Br
irginia S

OUTHEA
arbara B
on Simms

OUTHWE
avid D. S
haron Ze

DC REP
usan Jay

ECUTIV
athleen

Association for Education and Rehabilitation of the Blind and Visually Impaired

RECEIVED
JAN 30 1992
K.M.H.

January 27, 1992

Kathleen M. Huebner, Ph.D.
American Foundation for the Blind
15 West 16th st.
New York, NY 10011

Dear Kathy:

I was talking to Alana this morning, and she told me that you just had surgery. I was so sorry to hear that; going through surgery is no fun deal. Hope you will be "up and about" real soon!

The reason I called Alana this morning was to let her know that the presenter who was to follow your presentation ,"Communication and O&M...." cancelled. Therefore, your time has been extended to include that additional 45 minutes. Your presentation is now scheduled for Thursday, July 2, 1992 from 4:00 pm - 5:45 pm.

If this is a problem, let me know. We were working on the assumption that this presentation would be very well received and could use the extra time.

Take care and get well soon!!

Warmest wishes,

Julia

Julia Richardson
Associate Director

Sara to confirm this w/ Richardson

206 N. Washington St., Suite 320, Alexandria, Virginia 22314 • (703) 548-1884

Chron

American Foundation for the Blind, Inc.

15 West 16th Street, New York, New York 10011 (212) 620-2000 Founded 1921

March 16, 1992

Mr. Julio Zamudio Lara
Hermandad 437 Entre
Lopez Velerde Y Urbina
Col. Unidad Veracruz
C.P. 91710
Veracruz, VER., MEXICO

Dear Mr. Lara:

Pertaining to the information you requested regarding the Optacon, I am forwarding your letter to:

TeleSensory
Marketing Communications
455 Bernardo Avenue
P.O. Box 7455
Mount View, CA 94039-7455
PHONE: (415) 960-0920
TELEX: 278838 TSIUR

TeleSensory are the manufacturers of the Optacon and they can provide more information on the subject as well as technical support.

Sincerely,

Kathleen M. Huebner

Kathleen M. Huebner, Ph.D.
Director, National Program Associates

KMH:sh

DEPARTAMENTO DE INFORMACION.
P R E S E N T E .

Estimado, él que suscribe C. JULIO ZAMUDIO LARA, con dirección y domicilio en la AVENIDA HERMANDAD 437 ENTRE LOPEZ VELARDE Y URBINA, COLONIA UNIDAD VERACRUZANA de la Ciudad y Puerto de VERACRUZ, MEXICO, CODIGO POSTAL 91710 TELEFONO 34-70-58; solicito de la manera mas atenta me pudieran mandar información detallada y el costo del Aparato OPTACON II (OCTACON) y LECTOR ELECTRONICO.

Agradeceré me enviaran folletos y explicación del mecanismo de hacerles llegar el pago de los mencionados aparatos, así de cuales serían los medios de envio.

Favor de incluir en su información el número de télefono para poneeme en contacto con Ustedes.

Solicito atentamente tener respuesta a la brevedad posible ya que el OPTACON II es imprescindible para el desarrollo de mi trabajo.

Tambien agradecere incluyan información sobre el lente especial que usa el OPTACON para leer en Computadoras y su costo.

Afectuosos Saludos.

C. JULIO ZAMUDIO LARA

Akron

MEMORANDUM

TO: Kathy Huebner

FROM: Alberta L. Orr ALO

RE: ACTION/SCP Reference Manual and Termination

DATE: March 17, 1992

I finally received a call from Doug Hill regarding the reference manual. I submitted the revised manual to ACTION on February 12, the agreed upon deadline for their review. Doug and I thought the internal review process would be a week to ten days. It has been a month.

Doug will be sending me comments and recommendations from ACTION staff. I will then finalize the manual.

This means that the manual has not yet been copy edited, printed and disseminated and will not be by the end of March as we hoped. It, of course, means that we cannot close the books on this grant until these activities are completed and related funds are spent.

Therefore, Doug requests that we submit a letter indicating closure by May 31 (with the idea that it will be sooner -- much sooner) if we have anything to do about it! While once again, this is extremely annoying, it is in our best interest to not close in order to use ACTION for these final steps -- copy editing, printing and dissemination costs.

Attached is a draft of the letter to Doug. I have also faxed a memo to the three SCP sites which are still operating until March 31. The Salt Lake site saw no reason to continue beyond January 31, when they were able to integrate the visually impaired companions into a ongoing operation. More power to them!

Let's touch base when you have a minute.

Thanks.

ALO:nr

Attachment

AMERICAN FOUNDATION FOR THE BLIND

INTER-OFFICE MEMORANDUM

Chron

RECEIVED
MAR 1 2 ...
K.M.H.

DATE: March 12, 1992

TO: All Staff answering I & R calls on AFB SCHOLARSHIPS

FROM: Christine E. Pawelski, Ed.D.
National Program Associates

SUBJECT: 1992-93 Scholarship Deadline Approaches

1992-93 AFB SCHOLARSHIP APPLICATION DEADLINE

Greetings! We are getting many calls from many different locations throughout AFB regarding AFB Scholarship Application Requests. The deadline for submitting applications is fast approaching, and I wanted to let you know a few things should you get a Scholarship call during the next few weeks:

1) ALL SCHOLARSHIP CALLS should be directed to GINA BURGOS at **(212) 620-2044.** She is the one directly responsible for getting the applications out quickly, and there is voice mail connected to this extension.

2) Please alert callers to the April 1, 1992 postmark deadline for applications for the 1992-93 scholarships. We will be happy to send information regarding other scholarships should they not be able to meet this deadline, or want to be on our mailing list for next year.

3) Please get full information from people should they call or stop in (see attached), and you are unable to transfer them to Gina's number. Incomplete information may create a delay in our sending out the information.

Thanks for your help with all of this! If you have any questions, please do not hesitate to call me directly at Extension 2043.

CEP/ms
cc: Spungin/Huebner
NPAs/Secretaries
Reception Area
Hotline
Consumer Products

American Foundation for the Blind, Inc.

15 West 16th Street, New York, New York 10011 (212) 620-2000 Founded 1921

March 9, 1992

Ms. Kathleen Fox
Middletown Regional Hospital
Dietetics Department
105 McKnight Drive
Middletown, OH 45044-8787

Dear Ms. Fox:

I regret to inform you that the American Foundation for the Blind no longer has the tapes you requested; therefore, I am returning your check along with a few pamphlets which I hope will be helpful. You may also contact the American Diabetes Association National Service Center, P.O. Box 25757, 1600 Duke Street, Alexandria, VA 22313; for information on diabetes.

Sorry for any inconveniences.

Sincerely,

Kathleen M. Huebner

Kathleen M. Huebner, Ph.D.
Director, National Program Associates

KMH:sh

Enclosures

MARY KATHLEEN FOX
MICHAEL J. FOX
5189 HEADGATES RD. 513-894-4610
HAMILTON, OH 45011

627

March 5 1992

56-7875/2422

Pay to the order of American Foundation for Blind $ 4.00/100

Four and 00/100 Dollars

MIDDLETOWN HOSPITAL
CREDIT UNION, INC.
105 McKNIGHT DRIVE
Middletown, Ohio 45044-8787

Memo Diabetes tapes

Mary Kathleen Fox

⑆242278755⑆ 28454189⑈ 0627

© Clarke American W.O.

MIDDLETOWN
REGIONAL HOSPITAL

Please send the set of cassette tapes "ADA Diet Exchange Lists" and "Managing Your Diabetes with Vision Impairment"

to KATHLEEN FOX, RD

MIDDLETOWN REGIONAL HOSPITAL
DIETETICS DEPT
105 MCKNIGHT DR
MIDD OHIO 45044-8787

Enclosed: Check for $4.00

105 McKnight Drive • Middletown, Ohio 45044-4898 • (513) 424-2111

MERICAN FOUNDATION FOR THE BLIND, INC. 15 WEST 16TH STREET, NEW YORK, N.Y. 10011

Inter-Office Correspondence

MEMORANDUM

TO: Susan J. Spungin and National Program Associates staff

FROM: Kathleen M. Huebner KMH DATE: March 6, 1992

SUBJECT: Congratulations

Please join me in congratulating Mr. Miller on becoming a grandfather. His first grandchild is a girl, Laura. All are doing well!

KMH:sh

cc Greco
Augusto

Kathy

MEMORANDUM

TO: Susan J. Spungin

FROM: Alberta L. Orr ALO

RE: Monthly Telephone Conference -- AFB/Lighthouse National Center for Vision and Aging

DATE: March 2, 1992

==========

After two weeks of telephone tag, I reached Cynthia Stuen and had a long conversation with her. I have arranged a telephone conference call for Thursday, March 5 at 10:30 A.M. For this first call, Cynthia and Ruth Fangmeier, Assistant Director of the National Center and North Griffin-Shirley and I will be on the call.

This call will serve as a beginning to establish an ongoing cooperative relationship with the National Center, and hopefully a joint effort in the near future. As we establish specific agendas for future calls, other AFB Aging Team members will participate.

ALO:nr

cc: Carl Augusto
Nora Griffin-Shirley
Kathy Nelson
Glenn Plunkett
Judy Scott

IERICAN FOUNDATION FOR THE BLIND, INC. 15 WEST 16TH STREET, NEW YORK, N.Y. 10011

Inter-Office Correspondence

MEMORANDUM

TO: All National Program Associate Staff

FROM: Kathleen M. Huebner DATE: March 2, 1992

SUBJECT: Danielle Robinson's Vacation

For the next several weeks, Danielle Robinson will be on vacation. During this time, I have asked that Sara assist Mr. Miller. If Sara cannot handle the work, she will ask if Gina or Nora can. Sara will coordinate his workload.

Thank you.

cc: Susan J. Spungin
Danielle Robinson

Founded 1921
HELEN KELLER
Counselor
1924-1968

American Foundation for the Blind, Inc.

15 West 16th Street, New York, New York 10011 (212) 620-2000 Founded 1921

March 2, 1992

Dr. Frieda Hammermeister
ATTENTION: Ms. Evelyn Rumph
University of Pittsburgh
Department of Instruction and Learning
4H01 Forbes Quadrangle
Pittsburgh, PA 15213-9972

Dear Frieda:

When I received the announcement about your retirement it brought a flood of images and memories to the surface. I thought I would take this opportunity to share with you some of those that are particularly special to me about "Dr. Frieda Hammermeister".

- A wonderful way of teaching that leaves students feeling like they have just had a fireside chat with a mentor rather than a lecture.
- Scurrying about the hallways, as if playing a role in Alice in Wonderland. "I am late, I am late for a very important date," yet not being late at all!
- Always, always sharing a happy smile, nod, and pleasant exchange with faculty, students, staff, visitors and anyone else who might be about.
- A wonderful Christmas celebration with Rudy, Kirsti, Shirin, her dad, etc. May punch, candles on the tree, music and the pleasure of great company.
- The faculty club lunches! Oh, what fun. Acceptable food but oh, the conversations!
- Opera, theater, photography, art, and travel, travel, travel.

- And perhaps most of all a professor who continues to see life and the treasures it holds through the eyes of a child who sees beauty and wonder in all that she beholds.

I learned so much from you about how to teach and relate to students and colleagues. I treasure our friendship. I wish you the best and will look forward to receiving postcards from your travels. I do hope you will soon visit New York City for the opera. Do plan to come and bring Mary!

With respect and love,

Kathleen M. Huebner, Ph.D.
Director, National Program Associates

KMH:sh

February 24, 1992

RECEIVED
FEB
K.M.H.

Dear Dr. Mary Kathleen Huebner:

Recently I sent you a letter informing you of the retirement luncheon that the Department of Instruction and Learning has planned for Dr. Frieda Hammermeister on March 26, 1992. I regret that due to a clerical error, the return envelope was incorrectly addressed. If you have not returned your confirmation as of this date. Please use the enclosed envelope.

If you requested parking, under a separate cover a parking voucher will be sent to you.

Sincerely,

Evelyn Rumph

Evelyn Rumph

NO POSTAGE NECESSARY IF MAILED IN THE UNITED STATES

BUSINESS REPLY MAIL

FIRST CLASS PERMIT NO. 1752 PITTSBURGH, PA

POSTAGE WILL BE PAID BY ADDRESSEE

UNIVERSITY OF PITTSBURGH
Department of Instruction and Learning
~~2209 Fifth Avenue~~ 4H01 Forbes Quadrangle
Pittsburgh, Pennsylvania 15213-9972

Atten: Evelyn Rumph

THE LIGHTHOUSE INC.
Overcoming Vision Impairment for People of All Ages

Chron

February 27, 1992

Kathleen M. Huebner, Ph.D.
Director, National Services in Education,
Low Vision and Orientation & Mobility
American Foundation for the Blind, Inc.
15 West 16th Street
New York, NY 10011

RECEIVED
FEB
K.M.H.

Dear Kathleen:

It is with pleasure that I send you the 1991 Annual Report of The Lighthouse. As you examine the Report, you will be proud to know that your support and your work on The Lighthouse National Center for Vision and Child Development Advisory Board have helped make possible the successes of this worthy institution.

After moving to our temporary location, we have continued the direct services, education and research that have made The Lighthouse the pre-eminent vision rehabilitation agency dedicated to overcoming vision impairment for people of all ages. We have provided education and vocational training, clinical services for people with low vision, and leadership in developing outreach programs to bring Lighthouse expertise and information to the many people who cannot be served directly at The Lighthouse.

We have begun planning the construction of a new Lighthouse headquarters that will assure continuing Lighthouse leadership in vision rehabilitation for the growing numbers of both older and younger consumers with vision impairment.

Since our fiscal year began in July, we have been facing the challenges of 1992. For all the pride we share with you in our accomplishments, we must face the reality that the need for our services is growing. Children who would not have survived birth before technological advances are being saved - but often with vision impairment. As the aging population grows, so do the numbers of people who suffer vision impairment.

The increased demand means expanding services and facilities, increasing adaptive equipment, and extending our programs and expertise nationwide.

800 Second Avenue
New York, NY 10017

Tel. 212-808-0077
Fax 212-808-0110
TDD 212-808-5544

As a friend and supporter, we ask you to join us in re-dedicating ourselves to The Lighthouse and its future - and the future of all the men, women and children who will achieve independence and fulfillment because of our commitment.

Sincerely,

Harold P. Wilmerding
President

HPW/mb
Enc.

Founded 1921
HELEN KELLER
Mentor
1924-1968

American Foundation for the Blind, Inc.

15 West 16th Street, New York, New York 10011 (212) 620-2000 Founded 1921

February 27, 1992

Ms. Ronda Rogers
3201 River Park Drive #1007
Fort Worth, TX 76116

Dear Ms. Roger:

I regret to inform you that the American Foundation for the Blind no longer has the tapes you requested; therefore, I am returning your check along with a few pamphlets which I hope will be helpful.

Sorry for any inconveniences.

Sincerely,

Kathleen M. Huebner

Kathleen M. Huebner, Ph.D.
Director, National Program Associates

KMH:sh

Enclosures

For diabetics: More than 5,000 Americans develop severe visual impairment as a result of diabetes each year. In order to aid this segment of our population, a self-help management program for blind and visually impaired people who are diabetic is now available in a set of audio cassettes from the American Foundation for the Blind.

The two-tape set was developed by the St. Louis University Medical Center's School of Medicine and is available for $4 from Lynne Luxton, National Consultant in Rehabilitation Teaching, American Foundation for the Blind, National Task Force on Diabetes and Vision Impairment, 15 West 16th St., New York, N.Y. 10011.

Pat Galbreath's Hints for the Handicapped appears Wednesday. Send questions and comments to Pat Galbreath, Box 368, Weatherford 76086.

RONDA A. ROGERS
PH. 738-2279
3201 RIVER PARK DR., NO. 1007
FORT WORTH, TEXAS 76116

334

Feb 19 1992

37-75/1119

ORDER OF American Foundation for the Blind $ 4.00

Ten and no/100 DOLLARS

southwest bank
FORT WORTH • SAGINAW • MANSFIELD
MAIN OFFICE P.O. BOX 962020, FORT WORTH TEXAS 76162-2020
BOOKKEEPING 292-4820

Ronda A. Rogers

MEMO

⑈000355⑈ 0331⑆122 5072⑈

ERICAN FOUNDATION FOR THE BLIND, INC. 15 WEST 16TH STREET, NEW YORK, N.Y. 10011

Inter-Office Correspondence

MEMORANDUM

TO: Elga Joffee

FROM: Kathleen M. Huebner DATE: February 27, 1992

SUBJECT: General Guidelines for Rural Chapters

The following is a list of guidelines to be considered when submitting your rural chapter.

GENERAL GUIDELINES

- At the very beginning of your chapter explain why your particular content is critical to the audience (administrators, teachers, parents, etc.) in order to facilitate student outcomes to the M A X.
- Give practical examples wherever possible. Make the theory and your points real.
- Keep it user friendly. Citations should be included where needed but keep the writing style non-academic.
- Apply the concepts you present to the rural situation.
- Develop descriptive vignettes to illustrate how your solutions could be implemented, (e.g. brief case study, typical teacher/student, team, etc. experience.)
- Submit 3 problems and recommended strategies for resolving them. These should be in addition to those already included in your chapter. These will be used in a separate chapter on "Additional Problems and Strategies".
- Submit any charts or checklists that will clarify, emphasize, exemplify or present material in a more comprehensive manner. These should be camera ready quality.
- Incorporate sub-headings for clearer organization and ease of use by readers.

GENERAL GUIDELINES (continued)

- Update references, including legislation.

- When identifying or referring readers to resources such as places, agencies, organizations, residential schools, materials, equipment, tests, etc., be sure to provide all contact information for ready access. If your reference is general in nature, e.g. "contact State Department of Education", then please instruct the reader as to how to locate the contact information.Provide all assistance possible for the reader, so the reader does not have to problem solve to find the source. You may imbed the information into the text, or list it at the end of your chapter. Editors will make final decisions as to best placement. Keep in mind, there is a resource chapter the editors will be compiling.

- When identifying a problem, BE SURE YOU HAVE INCLUDED A MINIMUM OF ONE POSSIBLE SOLUTION OR STRATEGIES. This is a characteristic of this publication which we hope will be most useful to the readers.

- Double check that all reference to children, students, and/or individuals precedes the disability discriptor.

- Keep in mind that your readers may be unfamiliar with the organizations, acronyms, jargon and concepts you are addressing. Double check to be sure you have provided full spelling of all acronyms and organizations, and explained terminology and concepts.

- Imbed more examples of needs and strategies that apply to infants, toddlers, preschoolers, and students with multiple disabilities.

- Please be sure a full array of service delivery system options are represented, if this is applicable to your chapter.

- Double check that you are not using sexist language. Use of plurals is helpful in avoiding this problems. Examples, vignettes, case studies should alternate male and female students.

- Provide a 3 to 4 sentence biographical sketch for all contributing authors of your chapter for the publication. You need not submit for those whom you are acknowledging. We will be sure to acknowledge them as you have indicated.

GENERAL GUIDELINES (continued)

- Double check for any statement presented in a negative manner which may be better stated positively. This does not apply to "problem identification or statements. We want to encourage and energize readers.

- Please feel to suggest a new chapter title, as well as ideas for the book title. The chapter titles we provided were only intended as working titles. Consider friendly, humorous title, which still serve to describe the chapter content.

We hope these comments will be helpful to you in preparing your draft. We look forward to receiving it in mid-April. If you have any questions, please give us a call.

KMH:sh

cc: Toni Heinze

IERICAN FOUNDATION FOR THE BLIND, INC. 15 WEST 16TH STREET, NEW YORK, N.Y. 10011

Inter-Office Correspondence

MEMORANDUM

TO: Gerald Miller

FROM: Kathleen M. Huebner DATE: February 26, 1992

SUBJECT: Article for "Training"

In reviewing the blue copy of your February 25, 1992 memo to Elga Joffee (attached), the last paragraph states that you have submitted your comment piece for Training magazine. Some concerns I have about this are:

(1) I never saw a blue about the submission that should have gone to Training magazine;

(2) I never saw or approved the final version. I saw the first draft and made several comments and suggestions.

(3) Furthermore, I never saw a blue of anything you may have sent to Dr. Spungin or Mary Ellen Mulholland regarding the submission or seeking their approvals. This is a required step at AFB that is to be done prior to submission.

We are to have **all** articles/submissions for publications approved by the appropriate Department Director, the Director of Publications, and the appropriate Unit Associate Executive Director. Please send Spungin, Mulholland, and me a copy of the article you submitted **ASAP**. In addition, as it relates directly to ADA, Elga Joffee should have been asked for her opinion and input as well as any other relevant members of the team. Please send Elga a copy as well.

In the future, please follow AFB procedure regarding submission of written work for publication.

Thank you.

KMH:sh

Attachments

cc: Susan J. Spungin

BLUE COPY

RECEIVED
FEB 25
K.M.H.

MEMORANDUM

To: Elga Joffee

From: Jerry Miller

Date: February 25, 1992

Subject: EMPLOYER TRAINING

The Society for Human Resource Management (formerly the American Society for Personnel Administration) appears to be the most important and best attended conference of employers. It is highly recommended by Jay Rochlin. I sent the conference announcement to Scott Marshall who tried to get us on the agenda for the June 28-July 1 convention. Scott indicated that he was informed that it was too late to get on this year's program, however we were encouraged to try for 1993.

The significance of this organization with over 70,000 local and national members makes it a most important potential constituent group. Accordingly, I would encourage that we market our ADA Consulting Group Services by either attending this conference or placing an ad in their program journal.

There are a number of other business conferences and I am in the process of identifying conference dates. I am pleased that Scott will be attending the President's Committee on Employment of People with Disabilities annual conference since their is some representation from the business community.

I continue to encourage an AFB seminar for employers. Even though there have been many ADA training seminars, we are able to offer very specialized services. Our uniqueness in addressing issues such as signage, lighting, job analysis and technology for persons with visual impairments could attract a fair degree of attendance.

New York City is an excellent location because of: the large number of major national employers, the availability of staff expertise, and the presence of national headquarters. Individualized ADA consultation could be provided as a follow-up to interested attendees. Companies that are unable to attend might prefer to call upon AFB for consultation if we market that as an option. I would be pleased to take the lead and work with the rest of the Team to implement a training seminar.

One additional note. The comment piece for TRAINING magazine has been submitted. Hopefully, it will be accepted and increase the marketing of ADA Consulting Group services.

GM:jm

SOCIETY FOR
HUMAN
RESOURCE
MANAGEMENT

November 1, 1991

Dear Human Resource Practitioner:

What's the most winning career move you can make? Plan to attend the world's biggest and best human resource management conference, "Winning Strategies in Human Resource Management," in Las Vegas, June 28-July 1, 1992.

Register for the Conference before April 3 and save up to $95 on your registration fee. Plus, as a special bonus **— get one full year of membership** in the Society for Human Resource Management at no additional cost!

The Society for Human Resource Management (SHRM) is the voice of the human resource management profession, defining the state-of-the-art through publications, emerging issue analysis and research, governmental and media representation, and educational programs including the National Conference. SHRM is the world's largest HR professional organization, with members in over 40 countries. Formerly the American Society for Personnel Administration, **SHRM represents the interests of over 70,000 local and national members** through its network of more than 400 chapters.

Members agree that one of the most valuable benefits of belonging to SHRM is the opportunity to informally share ideas and problems with colleagues. **SHRM's National Conference and Exposition is the finest opportunity you'll find to network** with over 4,500 HR practitioners through Industry Group meetings, educational sessions, SHRM's Employment Center, Exhibit Hall luncheons and many, many other events.

Register now — just use the registration form in the enclosed Conference brochure. Join now — and save the full $160 cost of membership by becoming eligible for the discounted member Conference registration rate. Simply complete and return the enclosed membership application **— your membership is free!**

Businesses and their employees have much to gain — or lose — depending on how today's issues are addressed within their organizations. As more human resource managers take on strategic roles in their organizations, they are shaping the ways businesses prepare for the broader national and international issues that affect company profits.

Plan your own winning strategies in human resource management in the exciting and entertaining atmosphere of Las Vegas! Join your colleagues worldwide for the biggest and best HRM Conference and Exposition in the world — and become a member of SHRM.

Professional regards,

Michael R. Losey

Michael R. Losey, SPHR
President and CEO

606 NORTH WASHINGTON STREET
ALEXANDRIA, VIRGINIA 22314-1997 USA
(703) 548-3440 FAX: (703) 836-0367
TELEX: 6503902491

Founded 1921
HELEN KELLER
Counselor
1924-1968

OFFICERS
MICHAEL M. MANEY
Sullivan & Cromwell
New York, NY
Chairman of the Board

RALDINE T. SCHOLL, PH.D.
Ann Arbor, MI
Vice Chairman of the Board

BARRY D. KNOX
Northeast Consulting Group
New Canaan, CT
Treasurer

RACHEL E. ROSENBAUM
Carroll Center for the Blind
Newton, MA
Secretary

CARL R. AUGUSTO
resident & Executive Director

REGIONAL CENTERS
NORTHEAST
15 West 16th Street
New York, NY 10011
(212) 620-2037

MID-ATLANTIC
1615 M Street, NW
Washington, DC 20036
(202) 457-1487

MIDWEST
20 North Wacker Drive
Chicago, IL 60606
(312) 269-0095

SOUTHEAST
100 Peachtree Street
Atlanta, GA 30303
(404) 525-2303

SOUTHWEST
260 Treadway Plaza
Exchange Park
Dallas, TX 75235
(214) 352-7222

WESTERN
111 Pine Street
San Francisco, CA 94111
(415) 392-4845

GOVERNMENTAL RELATIONS
1615 M Street, NW
Washington, DC 20036
(202) 457-1487

ECUTIVE FAX: (212) 727-1279
FAX: (212) 727-7418
DD: (212) 620-2158
HOTLINE: 1-800-232-5463
CABLE ADDRESS:
OUNDATION, NEW YORK

Equal Opportunity Employer

American Foundation for the Blind, Inc.

15 West 16th Street, New York, New York 10011 (212) 620-2000 Founded 1921

February 24, 1992

Mr. John Kelly
Recording for the Blind, Inc.
20 Roszel Road
Princeton, NJ 08540

Dear John:

Thank you for the announcement of the next CIAPHR meeting. I am already committed for March 12-14, 1992; therefore, I will not be able to attend. Ms. Leslie Rosen will represent AFB. I do hope the minutes of the last meeting will be revised as I have recommended.

Please keep in touch.

Sincerely,

Kathleen M. Huebner, Ph.D.
Director, National Program Associates

KMH:sh

cc: Leslie Rosen
Mary Ellen Mulholland
Susan J. Spungin

Draft

Coalition for Information Access for ~~Print-Handicapped~~ Readers

CIAPHR

letter of regret

Leslie Rosen will rep. AFB

13 February 1992

Dear CIAPHR members:

Our upcoming CIAPHR conference is fast approaching. The dates are March 12-14, 1992. We are meeting, by popular acclaim, at RFB Headquarters in Princeton, NJ. An agenda will be on its way to you in a couple of days.

cc Rosen mell Spun

The full session will begin at noon on Thursday and run through Friday afternoon. For those who can stay over, we will have small group meetings Saturday.

Reservations have been made at the Nassau Inn located at 10 Palmer Square in Princeton (609) 921-7500. The room rate is $89 per night. Transportation to and from each session will be provided by RFB.

The nearest airports are Newark and Mercer County. Newark Airport, a large, major airport, provides a shuttle service to Princeton called the Airporter. The shuttle runs every hour on the quarter hour; a ride to Princeton is $19. Mercer County Airport, a smaller, semi-private airport, is only a 10 mile, $20 cab ride away from Princeton, but the only major airline that comes into it is US Air.

If you have any questions regarding your stay, transportation, etc., give me or my assistant, Donna Kubiak a call. See you in March!

Sincerely,

John Kelly
CIAPHR chair

JK/dk

MERICAN FOUNDATION FOR THE BLIND, INC. 15 WEST 16TH STREET, NEW YORK, N.Y. 10011

Inter-Office Correspondence

MEMORANDUM

TO: Gerald Miller

FROM: Kathleen M. Huebner KMH/sh DATE: February 14, 1992

SUBJECT: Hunter College Rehabilitation Teaching Program

Thank you for the update on the Hunter College Rehabilitation Teaching Program. It still is not clear to me whether it is a past commitment or if Rosanne Silberman is asking for additional involvement beyond past commitment. This is a critical question and was the major question which I requested that you clarify. Please communicate your knowledge/understanding as to whether this is a past commitment or not.

As your memo did not indicate the amount of fees for services or number of preparation teaching hours, or number of staff members involved; I am assuming this was not discussed as yet with Rosanne. If you have any information regarding these aspects, please let me know. It is critical that we have this information prior to Rosanne's preparation of a letter of agreement.

Sara informed me that Rosanne is coming on March 11, 1992 at 9:00 AM for a meeting with you and that you have requested a meeting with me before hand. Terrific! I will be happy to meet with you in advance of her visit. I may also wish to join you for your meeting on March 11, 1992.

Thank you.

KMH:sh

cc: Susan J. Spungin

AMERICAN FOUNDATION FOR THE BLIND, INC. 15 WEST 16th STREET, NEW YORK, N.Y. 10011

INTER-OFFICE CORRESPONDENCE

To: Kathy Huebner

From: Jerry Miller February 10, 1992

Subject: Hunter College Rehabilitation Teaching Program

I finally was able to reach Roseanne Silberman this morning. She indicated that she would like to work with AFB again on this summer program. Her intention is to contract out with Lynne Luxton and AFB for separate aspects of the training.

Because of illness in the family, Roseanne will not be able to send us a letter of agreement until early March. We agreed that it would be a good idea for her to meet with AFB staff early that month. Her major area of concern related to student grades. Since a grade of "C" will probably cause the student to be dropped from the Program, she feels that efforts need to be made assist the student to improve their performance. This issue will be discussed at our March meeting.

As previously indicated during our telephone conversation, I believe that AFB can provide quality training to Hunter students. Because of last years experience, I think we can provide our services in a more cost-effective manner. I recommend that the NPA Department discuss our involvement prior to a meeting with Roseanne.

GM:jm

AMER

TO:

FROM:

DATE:

Effec
and
Brook
item

1. C

If y
in a
Brook

4. W

for
Brook
Ifec

with
Dela
Book

shoul

stil

Kare
at e

Any

chron

AMERICAN FOUNDATION FOR THE BLIND, INC. 15 WEST 16th STREET, NEW YORK, N.Y. 10011

INTER-OFFICE CORRESPONDENCE

TO: AFB STAFF

FROM: Karen McVeigh

DATE: 2-14-92

Effective Monday, February 17, 1992, order entry for all publication (books and pamphlets) orders will be handled at American Book Center (ABC), Brooklyn Navy Yard, Building No. 3, Brooklyn, NY 11205. There are a few items that staff should be aware of:

1. Changes

If you receive an order for a book or bulk order of pamphlets please send in an inter-department envelope addressed to American Book Center, Brooklyn.

2. What Remains Here at AFB

a. Please note that JVIB orders remain at AFB. When there is an order for JVIB and publications together, a copy must go to American Book Center, Brooklyn, and a copy must be sent to the Circulation Division (Audrey Ifedebe or Karen McVeigh).

b. Consumer products (CPD) will also have to be divided if together with a publication order. A copy of the order will be sent to CRI, Delaware for fulfillment of the products and a copy will go to American Book Center, Brooklyn for fulfillment of the publications.

c. Orders for single copies of pamphlets and publication catalogs should still go to the Library or Hotline for fulfillment.

d. Orders for staff use, conferences, supply closets, etc., should still go to Karen McVeigh for processing.

e. All phone orders and customer service will still be handled by Karen McVeigh and Audrey Ifedebe. Please transfer all such calls to them at extensions 2143 or 2155.

Any further questions please call Karen McVeigh at X2143.

MERICAN FOUNDATION FOR THE BLIND, INC. 15 WEST 16TH STREET, NEW YORK, N.Y. 10011

Inter-Office Correspondence

MEMORANDUM

TO: Laura S. Larew

FROM: Kathleen M. Huebner KMH/sh DATE: February 13, 1992

SUBJECT: Management Training Sessions

I was delighted to see there are two management training sessions scheduled; one all day on March 16, 1992 and another for half a day on March 17, 1992.

Prior to making a commitment of such a significant amount of time, would it be possible to see a programmatic agenda for these two sessions. By programmatic agenda, I mean an agenda that would include objectives to be met by those in attendance or a breakdown of specific topics to be addressed during the workshops.

I look forward to hearing from you as soon as possible so that I may be in a better position to make a decision regarding attendance.

Thank you.

KMH:sh

AMERICAN FOUNDATION FOR THE BLIND, INC. 15 WEST 16th STREET, NEW YORK, N.Y. 10011

INTER-OFFICE CORRESPONDENCE

TO: All Supervisory Staff

FROM: Laura S. Larew **DATE:** January 27, 1992

SUBJECT: MANAGEMENT TRAINING SESSIONS

I am pleased to announce scheduling of a managerial training session on:

March 16th, 9:00 am to 4:30 pm
and
March 17th, 9:00 am to noon
in the
Polly Thompson Room

The program will be conducted by representatives from the Pfizer Company. The seminar subjects are "One Minute Manager" and "Situational Leadership".

If you plan to attend, please contact Employee Relations by March 1st.
LSL/jm

Call Laura -
Need more info
to make decision
e.g.

MERICAN FOUNDATION FOR THE BLIND, INC. 15 WEST 16TH STREET, NEW YORK, N.Y. 10011

Inter-Office Correspondence

MEMORANDUM

TO: National Program Associates

FROM: Kathleen M. Huebner KMH/sh DATE: February 11, 1992

SUBJECT: Proposed Travel Itineraries

From February 7 - 17, 1992, Dr. Spungin will be away from the office; therefore any proposed travel itinerary that you wish to submit should be given to Sara Hernandez. Sara will share these with me via phone or during her visits to my apartment while I am on sick leave.

If you should be submitting any proposed travel itinerary during this time which warrant discussion, you should feel free to call me at home to discuss. You can reach me at: (212) 614-9228. If I am not in at the time of your call, (as I may be at the doctor's office), please leave a message on my answering machine and I will get back to you as soon as possible.

Thank you.

KMH:sh

cc: Susan J. Spungin
Alice Ryan

IERICAN FOUNDATION FOR THE BLIND, INC. 15 WEST 16TH STREET, NEW YORK, N.Y. 10011

Inter-Office Correspondence

MEMORANDUM

TO: National Program Associates

FROM: Kathleen M. Huebner KMH/sh DATE: February 11, 1992

SUBJECT: Reminder on Quarterly Reports

This is more than a gentle reminder that your quarterly reports are overdue and some of you, as yet have not submitted.

As soon as you all have submitted your quarterly reports to Sara, I will review them and submit to Susan J. Spungin. Please try to have them in no later than February 25, 1992.

Thank you.

KMH:sh

cc: Susan J. Spungin

Chron

NATIONAL PROGRAM ASSOCIATES

1 YEAR PLAN

1992-1993

PREPARED BY

Kathleen Mary Huebner
Elga Joffee
Gerald Miller
Alberta Orr
Christine Pawelski

MEMORANDUM

TO: Susan J. Spungin

FROM: Kathleen M. Huebner

SUBJECT: 1992-1993 One Year Plan for National Program Associates

DATE: January 1992

Please find attached the department's one year plan as requested. All the National Program Associates were involved in the preparation. Particular appreciation is expressed to Alberta Orr who coordinated the production of the final product during my attendance at the Deaf-Blind Consortium meeting and Sara Hernandez' hospitalization. Gina Burgos, Christine Pawelski, and Nora Ricciardi were also involved. We look forward to your comments.

KMH:sh

NATIONAL PROGRAM ASSOCIATES

ONE YEAR PLAN 1992-1993

I. Table of Contents

MISSION STATEMENT

National Program Associates

As part of the American Foundation for the Blind (AFB), the National Program Associates contribute to AFB's overall mission. The department provides national leadership regarding services for persons who are blind and visually impaired. Through its staff, it addressees issues through activities directly related to policy development, implementation, and service provision. Strategies are identified and applied through identification of emerging issues, program and policy development, technical assistance, research, information and referral, leadership training, and coordination of and participation in regional center efforts. Advocacy is provided through national and regional activities with parent, professional and consumer groups, legislative consultation and advisory committees. The department seeks to establish linkages within and among service delivery networks of professionals, parents, related service providers, other fields, and persons who are blind and visually impaired. Furthermore, the department works closely with all others of AFB to provide input to the administration and facilitate development and implementation of short and long range goals to assure excellence in service delivery.

II. Introduction

This document represents staff project and activities focused on AFB's strategic plan, AFB's identified initiatives, and coordination of efforts in education, employment, and aging. The past year has been one of dramatic change and transitions for AFB as exemplified through the strategic plan, a new Executive Director/President, and a significant loss of personnel. These and other factors have required adjustment to new roles and responsibilities. Due to time constraints, there has been some intra and inter-departmental collaborative planning invovled in the preparation of this annual plan, but less than what this director considers optimal. Projects listed are those which were in process at the time of preparation of this document and those which address one or more of the three major criteria: (1) relates to strategic plan; (2) relates to one of AFB's Program Initiatives; (2) relates to coordination of activities specific to education, employment or aging.

The plans should be considered to somewhat flexible as the administration and staff proceed through transition and acclimation to staff reductions and new directions. The department is enthusiatic about the new directions, and committed to excellence and AFB's mission.

III. Projects

One Year Plan
Kathleen Mary Huebner
Department Director

1. Title--**AFB Deaf-Blind Project**
National Project - Federal Cooperative Agreement

A. Justification--There is a critical need for in-service training and self-study materials in the area of communication and O&M for those who teach children with deaf-blindness, including those with multiple handicaps.

B. Implementation--This project is dependent on continuation of federal funds.

Activities are described in the continuation proposal for federal funding. To date, all project activities have been completed on time. The project is on target.

C. Staffing--Staff is delineated in the continuation proposal.

D. Evaluation--As described in the continuation proposal. During the process of the 4 year period evaluation procedures include maintaining deadlines, staff evaluations, regularly scheduled and annual reparts to the federal government, submission and approval of carry-forward and continuation proposals. To date all requests to OSEP have been approved, including requests for additional funding.

E. Budget--For the 2nd year, funds were approved (including carry forward from first year, for 549,660; third year proposal submitted requesting 501,146. We have not received approval as yet for the third year. However, during the January 1992 Consortium meeting the OSEP Bureau Chief and Project Officer informed the director that they have approved the 3rd year proposal as requested, including additional funds. The final decision is however dependent on other departments within OSEP.

2. Title--**Rural Manual**
National Project with some involvement from Southwest Regional Center Director, Social Research, and Publications

A. Justification--The need for such a document has been long recognized by AFB and the EYAC. This is a continuation of active efforts started in the FY 89-90.

B. Implementation--Huebner and Toni Heinze are co-editors of this manuscript. The manual's outline and authors of 20 articles have been approved by Mulholland and Spungin. To date, authors have submitted their first drafts. In January 1992, Heinze and Huebner are reviewing these and provide feedback to authors. Authors who have not submitted at that time will be contacted with a firm deadline. New authors will be contacted if deadlines cannot be met.

Huebner and Heinze will edit chapters as well as develop their own chapters. Edited chapters will be sent back to original authors. It is not anticipated that this manuscript will go to the Publications Department until Fall or Winter of 1992, putting its main financial commitment into the FY 92-93. Publication is anticipated to be mid-to-late 1993.

C. Staffing-Huebner has primary involvement. Elga Joffee is writing the transportation chapter, Judy Scott and Corinne Kirchner have been asked to write sections of the final chapter on the future along with two other authors. Toni Heinze will be heavily involved as will be at least 21 other authors. In FY 92-93 consultation with Natalie Hilzen and Mary Ellen Mulholland will be requested and needed.

D. Evaluation--Publication, dissemination and sales.

E. Budget-The main costs will occur in FY 92-93 for the publications department, in way of honoraria for article authors, royalty for Heinze, copy editing, type setting and other related publication costs.

Other costs will be mailings from the operating budget and possible travel costs for either Huebner to Illinois or Heinze to New York. To date, travel costs have not occurred and Heinze and Huebner have met in conjunction with other meetings and through the phone. This strategy will continue to be applied.

Project specific travel budget $1,000.

3. Title--**National Study of Parents' Perceptions of Literacy Among Their Blind or Visually Impaired Children**
National/Western Regional Center Joint Project, Intra- and Interdepartmental

A. Justification--Literacy has been identified as a major priority for AFB and the field. This study is meant to support the other studies and collect information from NAPVI parents.

B. Implementation--A questionnaire will be developed by Huebner and Wormsley. The process has gone through two revisions. It will be sent to all NAPVI parents asking them to report their opinions about:

* assessments done to determine reading mode(s);
* appropriateness of their involvement in the decisions;
* appropriateness of the reading mode(s);
* level of satisfaction with regard to instruction in reading and mode; and
* subjective opinion as to whether or not their blind/visually impaired child or children are reading at grade level.

Parents will be asked to report actual grade and reading level as reported by the child's (children's) teachers. Any difficulty in obtaining this information will be requested to be explained.

C. Staffing--Huebner and Wormsley, and Social Research. Also possibly, Chernow from publications to type set the questionnaire if it cannot be done using department equipment.

D. Evaluation--The development has begun, however due to other demands it has been significantly delayed. Huebner and Wormsley have done two drafts. The second, reducing the scope and length considerably. The survey should be distributed by Fall of 1992 and results tabulated and analyzed by Winter of 1993. Publication will be submitted by spring of 1993 for consideration by JVIB.

E. Budget:

* Cost of typesetting questionnaires		$100.
* Stationary and Mailing Costs		$900.
	TOTAL	$1,000.

4. Title--**Planning Committee for the 1992 ICEVH Conference International**
International Travel Monies Required

A. Justification--Have been assigned to serve on the Program Planning Committee for the 1992 ICEVH Conference, with Spungin who is vice-president of ICEVH and therefore program chairperson.

B. Implementation--One trip to the Bangkok during the FY 92-93 will be required to work with the on-site conference committee, assure all is in order, assist with conference coordination, and if paper submitted is accepted, present a paper on the A-TOP project. It is anticipated that this will be for approximately 3 weeks. Every effort will be made to get reduced air travel and accommodations in Thailand, as was done during the 1991-92 FY. State-side planning meetings will be called by Spungin and it is anticipated that some will be in NYC and others in Boston, as at least 3 of the members of the planning committee are now based at Perkins.

A considerable amount of time will be spent in finalizing preparations for the conference.

C. Staffing--Spungin, and Huebner are on the planning committee.

D. Evaluation--Meet time-lines for the various project goals which are to be developed during the present FY.

E. Budget--Additional travel monies in the amount of $4,600. to cover international trip. Planning meetings held in Boston are reflected in the department travel budget.

TOTAL $4,600.

5. Title--**A-TOP**
National--This project is funded through a donation to AFB and more than matching funds from the Hilton-Perkins Project. All travel costs incurred by this director are paid by the project, and 5,000. is annually credited to this director's salary line through this project.

A. Justification--The need for early intervention outreach services to infants and preschoolers in eastern Kentucky, particularly Floyd County.

B. Implementation--Huebner is project director, Christian Appalachian Project is administering and offering content consultations regarding provision of services in Appalachia, and the Visually Impaired Preschool Services program is providing content supervision and directing the teacher hired for the project. The project is in its second of three years. The teacher is in place and presently has 14 families on her case load. There are one to two advisory board meetings a year, for which travel and other costs are reimbursed by the Project.

C. Staffing--Huebner is project director. All other staff are from outside AFB.

D. Evaluation--Quarterly reports are submitted by VIPS and CAP to the project director who then finalizes the reports and sends them to Hilton-Perkins. Annual continuation proposals are also prepared for AFB and Hilton-Perkins. Number of children and families served are the primary quantitative evaluation measures.

E. Budget--This project is funded through a gift to AFB and a matching grant from Hilton/Perkins. For FYI 921-93 the total budget is 54,350 with AFB's contribution being 25,000. and Hilton/Perkins being 29,350.

ELGA JOFFEE
National Program Associate

This plan reflects the proposed continuing and new activities of the National Program Associate whose primary responsibility is coordination of the AFB Access Initiative, which includes ADA, access to the physical environment and access to information. The primary purpose of access initiative projects is to assure maximum, equal and immediate access to the environment and information of individuals with visual impairments.

Project activities are goal driven, with a particular emphasis on maximizing revenue generation through the sale of technical assistance and access related products to markets in the industrial/commercial sector. Project activity is also geared to advance the knowledge base and policy related to how individuals with visual impairments access the environment and information.

6. Title--**Department of Justice ADA Grant**
National project with involvement of the Governmental Relations, and Publications Departments

A. Justification--This project, carried out jointly by Gallaudet University and AFB has three key purposes. One is to provide telephone information to consumers and entities covered under the Americans with Disabilities Act (ADA) about implementing ADA Title III (Public Accommodations and Commercial Facilities) provisions pertaining to individuals with sensory impairments. The second is to write and disseminate three informational pamphlets about the access provisions of Title III in areas of greatest interest and concern as identified from a review of questions received on the information line. The third is to determine potentially litigious situations associated with implementation of Title III, and to develop strategies for non-litigious dispute resolution.

This project establishes AFB's leadership role in implementing the environmental access requirements of the ADA, achieves recognition for AFB in the commercial sector as a respected source of technical assistance, and funds the development of public affairs pamphlets that are consistent with AFB's mission and national initiatives.

B. Implementation--This Program Associate is responsible for writing the three public affairs access pamphlets and for providing technical assistance for the grant's other functions. 15% FTE is committed to this project. This is a one year grant that will be completed in November, 1992.

C. Staffing--Joffee, Marshall, GRD staff, Mulholland, and Public Education staff.

D. Budget--This grant is administered by the Governmental Relations Department. Grant funding covers the costs associated with Program Services' activities. No Program Services funds are requested.

7. Title--**The American National Standards Institute (ANSI)**
National project with involvement of the Governmental Relations Department.

A. Justification--ANSI A117.1, a key document for private sector barrier free design standards for buildings and facilities, continues to undergo revision during 1992. The A117.1 document and companion scoping documents (model building codes that specify when and where barrier free design is required) are widely adopted by local jurisdictions. The ADA requires that local and state barrier free design codes be certified as equivalent to ADA standards. Consequently, the ANSI A117.1 committee continues to compare its standard to ADA and make modifications where necessary. Additionally, the Department of Justice, in an address to the ANSI Committee, stated that the 1992 ANSI will be the basis for future revisions of ADA accessibility guidelines.

AFB has played a significant role in providing technical assistance during the ANSI revision process, resulting in the inclusion of design standards that address communication barriers experienced by individuals with visual impairments. Continued participation in the completion of a revised ANSI standard will serve to establish AFB's leadership role in assuring inclusion of individuals with visual impairments in the implementation of ADA access requirements, achieve recognition for AFB as a respected source of technical information and assistance in the area of barrier free design for individual with communication disabilities, and serve as a source of referrals and contacts for revenue generating consultations in ADA related markets.

B. Implementation--Participation in the ANSI voting process. Participation in ANSI's review and disposition of ballots and public comments received in response to the revised draft document. Continuation in role as chair of the ANSI A117.1 membership sub-committee. This activities involves approximately 5% FTE.

C. Staffing--Joffee, Marshall

D. Evaluation--This project will proceed according to the time line required by the ANSI process. The ANSI Committee meets again in early June, 1992 with the intention of completing the revised standard at that time. Final analysis of AFB's contribution to the process will take place when a 1992 ANSI is adopted. The marketing value of AFB's participation in ANSI has been significant in projecting AFB's credibility when applying for grant funds, and in securing fee-for-service access related consultations. The value of AFB's ANSI affiliation can be expected to remain significant, because of the prestige of this affiliation and AFB's leadership role on the ANSI A117.1 membership committee.

E. Budget--Participating in ANSI to complete the revision of the document will necessitate attending full committee meetings in Washington, DC. Activities related to the membership sub-committee will be conducted by phone and mail. The ANSI Secretariat will cover all significant postage costs by sending out sub-committee mailings to the full ANSI Committee. Minimal related costs will be associated with telephone calls and postage for general ANSI related correspondence.

NYC-Washington for two trips. Request for Departmental funds for this project. $1,500.

8. Title--**Chair: ADA and Access to Information Task Force--National Program Initiative**

A. Justification--This project implements AFB's annual ADA program initiative and AFB's long range strategic initiative for developing programs and services that maximize access to information for individuals with visual impairments. Two key elements about this project are innovations for AFB from the perspective of internal and external operations. First, this project oversees a consulting group (the ADA Consulting Group) that provides revenue generating technical assistance in matters related to ADA compliance. The consulting group membership crosses AFB departmental lines, drawing staff from several AFB units. Participation is based on the expertise and skills of individuals in AFB that are needed by the Consulting Group. Presently there eight members from five departments. Roles and responsibilities are being developed as the Consulting Group's experience with this operating structure evolves. During FY '91-'92 a document detailing operating and financial structure will be created. It will be evaluated during FY '92-93 as an integral part of the Group's activities. This document has the potential to serve as a model for future AFB projects for national initiatives. It will also provide direction for carrying out projects that require interdepartmental cooperation, communication, and sharing of technical and financial resources.

Second, the ADA Consulting Group has developed a detailed marketing plan, and is in the process of operationalizing the plan. The discipline and structure imposed by the process of creating and following this plan represent a new operating perspective for AFB.

This national initiative project also includes more traditional AFB activities in the areas of increasing the knowledge base and level of scholarship related to all aspects of the Americans with Disabilities Act and strategies of increasing access to information.

B. Implementation--Direct the national access initiative projects. Coordinate the activities of the ADA Consulting Group, including the development of a financial management mechanism for tracking revenues and expenses. Continue to refine the ADA Consulting Group's marketing plan based on an ongoing evaluation process defined in the plan, especially regarding the development and delivery of ADA related products and services and quality assurance. This activity involves approximately 30% FTE.

C. Staffing--Joffee, Marshall, Mulholland, Harkins, Schreier, Rosen, Dinsmore, Miller.

D. Evaluation--Re: ADA Consulting Group: Analyze receivables according to a performance ratio, analyze market penetration and share, and analyze market position for present and future revenue generation. Re: SWAT Team organization and operation: AFB's effectiveness in implementing its ADA initiative can be determined by looking at outcomes relative to utility criteria for visually impaired consumers' and private sector constituents. Establishing these criteria is part of the SWAT Team's work for the upcoming year.

E. Budget--The SWAT Team has received $5,000.00 in start up funds to finance the costs of travel associated with providing customer consultations. A mechanism for tracking travel related expenses and reimbursements will be created for this project. At this time, the other costs (postage, telephone, staff time) are borne by the departments participating in the initiative. Revenues generated by this project are deposited as ADA SWAT Team income as they are received.

Revolving Access Initiative Account Requested	$5,000.

9. Title--**AFB Deaf-Blind Project** (Specific to Joffee's Involvement as Key Staff)

A. Justification--AFB Identified Initiative.

B. Implementation--Participation in the development, writing, and field testing of the O&M section of the project's materials. Coordination of project authors' activities relative to technical content. Authorship and co-authorship of chapters in the O&M section. Participation in review and annotation of materials for the Project's reprint and annotation section. Participation in the development of an O&M video. Participation in Project's Consortium and Executive Board meetings, and in a report on project activities at the AER International Conference, July, 1992. 33% FTE is involved in this project, with 25% of salary coverage requested in 3rd year continuation proposal.

C. Staffing--Staff is delineated in the grant proposal.

D. Evaluation--As described in the grant proposal.

E. Budget--As described in the grant proposal.

* See project #1 under Huebner for more detail.

10. Title--**Project ACTION STEERING COMMITTEE**
National Project

A. Justification--Project ACTION is a grant from the Urban Mass Transit Administration administered by Easter Seals. Project ACTION sponsors demonstration projects that develop strategies and mechanisms for increasing access to mass transit for individuals with disabilities. Seventeen of these projects are in process. Funding for Project ACTION has been re-authorized and increased because of the potential to facilitate voluntary compliance of mass transit properties with ADA requirements for mass transit vehicles and facilities.

AFB is a member of Project ACTION's steering committee. The focus of AFB's involvement has been to provide input into the Project's development of requests for proposals (RFPs) that maximize inclusion of project activities to address the needs of individuals with visual impairments, to score grant applications, and to provide technical assistance to grant contractors. Future involvement is expected to remain the same. However, AFB may wish to consider submitting a grant applications when Project ACTION's RFPs are issued in January, 1992. AFB's role on the steering committee does not preclude this. Participation in Project ACTION places AFB in a visible leadership role in the area of mass transit access.

B. Implementation--Participation in Project ACTION Steering Committee meetings which take place by conference call and in Washington, DC at the Department of Transportation. Participation as a group leader for reporting on Project ACTION's staff education projects at the annual convention of The Community Transportation Association of America, EXPO '92, May, 1992 in Kansas City, MO. This activity involves approximately 5% FTE. This could change if AFB conducts a Project ACTION grant.

C. Staffing--Joffee

D. Evaluation--The extent to which the needs of individuals with visual impairments in the mass transit environment are included in Project ACTION RFPs and grants will be and AFB's networking and revenue generation will be evaluation criteria.

E. Budget--All expenses incurred as a result of participation in Project ACTION are covered by the grant. No department funds are requested.

11. Title--**Mobility Assistants**
National Project with potential application to ADA implementation.

A. Justification--AFB played a significant and important role in AER Division IX's work to study the role of O&M assistants and to complete a training curriculum. The ADA requires State and local governments, mass transit facilities, places of public accommodation, and commercial facilities to make their facilities accessible to individuals with disabilities. When physical alterations to existing structures or accessible designs for new building are not possible, ADA requires alternative methods that insure access is provided. An example of an alternative proposed by places of public accommodations and commercial facilities is walking a blind customer through a facility which is otherwise inaccessible.

Basic mobility techniques are useful for guiding individuals with visual impairments in places of public accommodation. Continued AFB involvement in studying the use of curricula for training paraprofessionals will position this organization to tap potential ADA related revenue that can be generated by selling staff training seminars to employers and commercial enterprises outside of the blindness system.

B. Implementation--Participate in a report on the training of paraprofessionals in orientation and mobility at the International AER Conference, July 1992. Market and sell staff training services to large corporations with national scope through the ADA Consulting Group.

C. Staffing--Joffee, ADA Consulting Group staff

D. Evaluation--Evaluation will be per ADA evaluation criteria.

E. Budget--Costs associated with attending the AER International Conference are covered by the Deaf-Blind Grant. No other direct costs are anticipated, and no departmental funds are requested.

12. Title--**AFB/District 75 (New York City Public Schools) Orientation and Mobility Project for Students with Severe Visual and Multiple Impairments, Including Students with Dual Sensory Impairments.**

A. Justification--AFB's involvement in this project began in FY 1990 and is tied to a Resolution of the New York City Board of Education (dated, February, 1991) establishing a cooperative relationship between AFB and the Public Schools. This resolution authorizes AFB to distribute educational videos developed jointly by AFB and NYC in exchange for AFB's providing video tapes and in-service staff education to the schools. One video has been developed and is available for sale through AFB's Publications Catalog. Comprehensive staff training relative to this video has been provided by AFB, in keeping with the terms of the resolution.

This project is an AFB commitment made prior to the refocusing its Program Services. Project activities this year, in fulfillment of AFB's prior commitment, will focus on providing the technical assistance the schools need to shift future responsibilities for staff development in O&M for students with severe multiple impairments to the schools. This project will end at the close of the 1991-92 school year.

B. Implementation--Provide technical assistance and direction to school district designees who are creating follow-up video media and staff training programs utilizing school district resources. Participate in the conclusion of AFB's cooperative agreement with the NYC Public Schools. This project will require less that 5% FTE.

C. Staffing--Joffee, Mulholland

D. Evaluation--Successful and amicable disengagement from this project.

E. Budget--There are no significant departmental costs associated with the AFB/District 75 O&M Project outside of local transportation by subway from AFB to school sites. No departmental funds are requested.

13. Title--**AER Task Force on Licensing**
A national project with the involvement of the Government Relations Department

A. Justification--Involvement is based on a prior commitment to serve on this AER Task Force appointed in response to a window of opportunity for Medicare reimbursement for O&M and RT services identified by AFB's Governmental Relations Department. Participation in this Task Force has been minimal, largely because of the group's lackluster level of activity. However, accomplishment of licensing for blindness related professionals is consistent with AFB's mission to assure that persons who are blind or visually impaired have access to rehabilitation services.

B. Implementation--Participate in Task Force activities as they arise.

C. Staffing--Joffee, Marshall, Plunkett

D. Evaluation--Ongoing as the Task Force takes action. AFB may wish to consider resignation from this activity because this function may legitimately be one of the professional membership organization.

E. Budget--No funds are requested for this project.

14. Title--**Rural Manual-Chapter on Transportation in Rural Areas**
A national project with the cooperation of the Publications Department

A. Justification--The need for such a document has long been recognized for AFB. This is a continuation of active efforts started in FY '89-90. The chapter about transportation in rural areas will serve to disseminate new information to consumers, families, and transit properties about provisions of the ADA, especially re: paratransit services.

B. Implementation--Per time lines established by the co-editors, Huebner and Heinze, and the AFB Publications Department. This project will require the equivalent of 10 working days for writing. Essential research and resource materials are assembled.

C. Staffing--Joffee, for transportation chapter.

D. Evaluation--Per project co-editor.

E. Budget--Per project co-editor.

* See Huebner's project #2 for more detail.

15. Title--**National Literacy Initiative**
A national project with the cooperation of the Publications Department

A. Justification--AFB Initiative.

B. Implementation--Participate in National Literacy activities, as assigned by the Co-chairs.

C. Staffing--Joffee, and current Literacy Task Force.

D. Evaluation--Per National Literacy Task Force.

E. Budget--Per Initiative co-chairs.

* See Pawelski's # 32 for more detail.

GERALD MILLER
National Program Associate

The focus of this National Program Associate will be the development and coordination of AFB Initiatives focused and related to employment and rehabilitation issues, through work with the AFB employment team, thus maximizing staff resources. Emphasis will be placed on AFB's role as a change agent. Attention will be given to the coordinating the Regional Employment Consultants' activities. Cooperative relationships with other AFB departments will help maximize efforts in research and information dissemination. Cooperative relationships with AFB's Government Relations Department will help translate programmatic need into legislative and policy change.

It is anticipated that by FY 1993 this National Program Associate will be released of his duties as AFB's federal and state grants coordinator.

1. MSU-RRTC Subgrant - "Enhancing Training Effectiveness." Twenty percent of the National Program Associate's time will be assigned to this project.

2. Assignment to two AFB Program Initiatives - ADA, and Specialized Verses Generic.

3. Information and referral to professionals and consumers regarding employment and rehabilitation issues and concerns

4. Liaison activities with major national organizations.

5. Dissemination of information through articles and conference presentations.

6. Program Initiative - REAUTHORIZATION of the REHABILITATION ACT. (helping improve the effectiveness of VR legislation)

16. Title--**Enhancing Training Effectiveness - MSU-RRTC Subgrant**

A. Justification--This program develops and tests training models for rehabilitation agencies, employer associations and consumer groups to promote the employment, retention and advancement of workers who are blind or visually impaired. The problems of unemployment and under employment of persons with visual impairments persist although labor market and legislative environments are changing. Developments in the demographics of the work force; emerging technology; and laws promoting access, notably the 1990 Americans with Disabilities Act, alter the employment environment for people with disabilities. In-service training of VR providers must keep abreast of these developments.

B. Implementation--As a subcontractor, AFB will conduct the following activities during our fiscal year 1992-93. We will continue to survey the three target groups (VR service providers, employer associations, and consumer groups). The primary emphasis will be to conduct training for the service providers. This will include collection of pretesting and posttesting data; development and revision of training models; literature review on training models; and designing pre and posttest evaluation forms.

C. Staffing--The National Program Associate is the project director. 20% of time is assigned to this project. Secretarial support is 30% FTE. Corinne Kirchner and F. Chandu, Research Assistant are also assigned.

D. Evaluation--This project began October 1, 1991. During fiscal year AFB 1992-1993 we will be designing pre and posttest evaluation forms, two versions of the VR provider curriculum, materials, packages and evaluation measures will be designed. Cost measures for the alternative training methodologies will be summarized through costs for the various training packages, materials, room and board, trainer fees, etc. We also will be seeking advise on evaluating costs - effectiveness of the two training models.

E. Budget--Grant is $30,000, which includes reimbursement for salaries, fringe, travel, telephone, duplication, postage, etc. AFB contribution in kind is for $18,941. With the exception of salaries and fringe for the Social Research Department staff in the amount of $5,652, the funds will be going to the National Program Associates. See grant proposal for details.

17. Title--**Support of AFB Program Initiatives** (Specific to Miller)

A. Justification--Recognizing AFB's mission to provide leadership and to serve as a change agent, our program initiatives will enable us to focus on major issues of concern. Two of the initiatives in which I am directly involved are "Specialized Verses Generic", and "Access".

B. Implementation--I will be working cooperatively with both teams. In addition, I will continue to coordinate the AFB employment team, which will serve to define and refine the goals and objectives of the various program initiatives.

C. Staffing--Corinne Kirchner chairs the Specialized Verses Generic initiative, Elga Joffee chairs the Access Initiative. The employment team consists of Miller, Harkins, Esposito, and Ruch.

D. Evaluation--This component will be developed by the individual teams.

E. Budget--Reflected in other staff budgets.

18. Title--**Information and Referral**

A. Justification--The National Program Associate handles hundreds of information and referral questions by telephone and mail on a broad variety of employment-related issues including placement, career education, rehabilitation services, and job analysis. Telephone calls come from a variety of constituencies including people with visual handicaps, professionals, and employers. Despite AFB cutbacks, we will still need to maintain our responsiveness to these various constituencies, and we will do so by helping to improve our methods for providing information and referral.

B. Implementation--The National Consultant will work with Chris Pawelski and Leslie Rosen who co-chair the internal I&R Task Force, and develop fact sheets and position papers as needed.

C. Staffing--National Program Associates and other staff.

D. Evaluation--As identified by the I&R Task Force.

E. Budget--No funding necessary at this time.

19. Title--**Liaison to Major Constituencies**

A. Justification--AFB's responsiveness to various constituencies depends upon our ability to maintain affective liaison relationships. A number of organizations have been identified as being relevant to employment and rehabilitation interests.

B. Implementation--Assignments have been made as liaison to the following organizations:

*National Council of State Agencies for the Blind
*National Industries for the Blind
*National Rehabilitation Facilities Task Force
*New York State Council of Agency Administrators.

In addition, the requirements of the MSU-RRTC Subgrant call for liaison activities with consumer groups and employer advisory groups.

C. Staffing--G. Miller.

D. Evaluation--Conference and field reports will include a section which will evaluate accomplishment of conference attendance.

E. Budget--Travel associated with liaison activities to the four identified groups is $5,250 which is included in departmental travel budget. This travel will be combined other AFB activities.

20. Title--**Dissemination of Information**

A. Justification--A major function of the department is to disseminate research findings, information on programs and models of service delivery to our various constituencies including professionals, consumers, and employers. This function will serve a marketing purpose which will have additional value of generating income.

B. Implementation--Information dissemination will be achieved principally through publication of articles and conference presentations. Specifically, conference presentations in this fiscal year will include two presentations at the AER International Conference. One presentation will be on the Illinois Employability Project and National Employment Services. The other presentation will be on increasing vocational alternatives. Tentative presentation will be made at the American Council of the Blind on enhancing training effectiveness (MSU-RRTC). A presentation at New York State AER conference is likely based on successful presentation held at 1991 conference. Reimbursement will be requested. The possibility of a presentation on AFB ADA-related activities may occur at the Society for Human Resource Management.

Articles and publications expected in this fiscal year include article on the Illinois Employability Project: article on making training accessible for people with disabilities (for a business-related magazine); publication of article "INCREASING VOCATIONAL ALTERNATIVES" for RE:view fall 1992; and hopefully, publication of MSU Rehabilitation Counseling textbook.

C. Staffing--Miller will be principally involved for writing articles with the exception of the article on the Illinois Employability Project which will include contributions by Don Harkins, Corinne Kirchner and Ed Ruch.

D. Evaluation--All articles will be reviewed by appropriate AFB resources. Review will also be sought from other constituencies, such as employers.

E. Budget--No budget implications at this time.

21. Title--**Program Initiative Reauthorization of the Rehabilitation Act**

A. Justification--The Rehabilitation Act is the most significant piece of legislation affecting the quality of services to people with disabilities. The legislation and its accompanying regulations provide one of the best vehicles for improving services.

B. Implementation--Consistent with AFB's leadership role, we can help to influence the reauthorization of the Rehabilitation Act. AFB's employment team will be working with our Government Relations Department to review current legislation and regulations, review comments from other significant groups, and to develop an AFB position on major issues regarding this act. Our activities will include providing written and oral testimony at the Federal level. We also will be working with significant consumer and professional groups to help develop a consensus regarding the major issues. We will also focus on the regulations which will accompany the ACT.

C. Staffing--Staff component includes, AFB's employment team and Government Relations Department with the leadership of Gerald Miller. Alan Dinsmore will be actively involved. We will also be seeking the involvement of other concerned staff, such as Chris Pawelski, on transition issues.

D. Evaluation--The value of AFB's testimony will be measured to the degree that the reauthorization of the Rehabilitation Act includes our most essential points. We will be recommending strong evaluation and accountability components as part of our testimony to help improve rehabilitation services.

E. Budget--Budget line for this program initiative is $4,000 and includes meetings to be held in Washington DC and telephone conference calls. See detailed budget.

Revolving Employment Initiative Budget Requested 4,000.

ALBERTA L. ORR
National Program Associate

22. Title--**National Leadership Coalition on Aging and Vision**

A. Justification--Need for organized coalition representing national aging and blindness organizations as well as other arenas interested in aging and vision loss issues to work together to heighten level of awareness and improve quality and quantity of services to older blind and visually impaired persons.

B. Implementation--reconstitute coalition and further develop membership for national representation. Provide coordinated national effort to increase allocation of funds for older blind and visually impaired persons through aging and blindness systems to improve and expand services to older visually impaired persons; develop aging and vision loss agenda for 1993 White House Conference on Aging (if federal funds allocated) or other National Aging Conference; advocate for non-absorption of Title VII-C into Part A and for increased allocation of VII-C funds.

C. Staffing--A. L. Orr; N. Griffin-Shirley; G. Plunkett.

D. Evaluation--successfully develop functioning coalition and coalition activities during FY'92-93.

E. Budget--$1,000 to bring in representatives of aging and blindness organizations to Washington D.C. organizational meeting to establish mission and coalition agenda for FY 1992-93.

23. Title--**AFB/SCP ACTION Senior Companion Program**

A. Justification--Need for older visually impaired persons to have opportunities for productive volunteer activities, to serve as effective role models to other older visually impaired persons.

B. Implementation--Revise project end-product, the how to guide, as suggested by ACTION; provide final report and continue to serve as project manager during the no-cost extension to March 31, 1992. Print camera ready copies national dissemination.

C. Staffing--A.L. Orr and N. Ricciardi

D. Evaluation--Final submission of end-product and final report; successful dissemination by ACTION and AFB.

E. Budget--ACTION Funds including additional allocation to AFB for 3 month extension $21,549.

24. Title--**Aging and Vision Loss NIDRR Grant Project**

A. Justification--professionals working in the field of aging have little or no knowledge base in the issues of aging and vision loss because there is little or no content on this topic in professional preparation programs, particularly undergraduate and graduate gerontology degree programs.

B. Implementation--Funded by NIDRR, survey a random sample of gerontology programs throughout the country (undergraduate and graduate) regarding the extent of existing content on aging and vision loss offered, level of interest in the development of course offering.

Conduct panel of experts two-day workshop to establish the guidelines for the development of a model curriculum in aging and vision loss for gerontology programs.

Resubmit to NIDRR for additional two years of funding to:
-develop the full curriculum
-field test the curriculum
-revise and finalize full curriculum
-create linkages with interested gerontology programs throughout the country to initiate aging and vision loss course content.

C. Staffing--A. L. Orr and N. Griffin-Shirley

D. Evaluation--successful compilation of survey results, interim status report and successful grant application to NIDRR for additional two year funding, and if funded initiate the development of model curriculum. .

E. Budget--NIDRR Funding

Total $50,000: resubmit for $150,000.

25. Title--**AFB National Aging Initiative**

A. Justification--Need for AFB to take leadership role in developing a national initiative in planning and service delivery to older blind and visually impaired persons through the collaborative and coordinated efforts of the aging and blindness fields. Initiative will focus on the critical need to maximize the independent functioning of older visually impaired persons in every aspect of community life including employability through comprehensive and holistic rehabilitation carried out through collaboration between state and local aging and blindness organizations.

B. Implementation--develop and seek funding for a national model of collaborative planning and service delivery to older blind and visually impaired persons operationalized at the regional level.

This initiative will be implemented through the AFB aging team, will address the issue of the older visually impaired person's need for the generic aging and specific blindness services.

The AFB aging team will offer consultations to aging and blindness organizations ready to engage in collaborative planning and service delivery development. Develop start-up package.

C. Staffing--A.L. Orr, N. Griffin-Shirley, J. Scott and G. Plunkett.

D. Evaluation--successfully seek funding for the development of the national aging initiative.

E. Budget--$5,000 requested; approximately $200,000/year, over 3 year period to be sought by outside funding source as RFP identified.

Revolving Aging Initiative Budget Requested	5,000.

26. Title--**AFB Aging Team**

A. Justification--Need for AFB staff with expertise, interest and funding in aging to establish a coordinated effort to initiate and implement aging program initiatives to meet burgeoning population.

B. Implementation--establish effective team operations including on-going team communications, coordination of aging efforts throughout AFB regions based on AFB national priorities and carrying out of national aging initiative.

C. Staffing--A.L. Orr, N. Griffin-shirley, G. Plunkett and J. Scott.

D. Evaluation--the establishment of a coordinated agency-wide effort in planning and service delivery to older blind and visually impaired persons.

E. Budget--no AFB funds requested: outside funds sought as identified.

27. Title--**Literacy Issues and the Older Visually Impaired Population**

A. Justification--older visually impaired persons struggle to remain literate while they are losing their vision and when they no longer have access to printed material. This is particularly significant as the literacy rate among older persons has risen and will continue to improve in the 21st century and older persons want to retain their literacy.

B. Implementation--develop aging component of the AFB literacy initiative to include cross-cultural, multi-cultural needs.

C. Staffing--A.L. Orr, N. Griffin-Shirley, J. Scott and G. Plunkett.

D. Evaluation--As defined by Literacy Initiative Chairpersons

E. Budget--AFB Literacy Initiative

28. Title--**Indigent, Homeless and Totally Blind**

A. Justification--To meet AFB's need to administer inheritance to provide financial assistance to totally blind individuals who are indigent, homeless and have no living family.

B. Implementation--Give financial support to above population, children through older adults, who are identified by other sources and referred to AFB for financial assistance. Recipients must meet all criteria for eligibility established by the funder. Criteria for distribution of funds and administrative structure to be developed this fiscal year.

C. Staffing--A.L. Orr and C. Pawelski

D. Evaluation--The development of criteria for distribution of funds resulting from interest on invested donated funds. The development of an administrative and programmatic plan to be approved by top administration. This project to be ready for implementation during FY 94. Only the plan is to be developed during this fiscal year.

E. Budget--Interest from the principle of $125,000 bequest to AFB.

29. Title--**Articles: American Indian Rehabilitation Project**

A. Justification--Need to dissemination the model and findings of AFB's national American Indian rehabilitation training project and curriculum within the fields of blindness and aging through professional publications.

B. Implementation--Submit article to JVIB for the special issue on Diabetes for the topic Diabetes and the American Indian. Submit article to an aging journal, probably **Generations** incorporating training to be conducted by the Indian Health Service during 1992 using AFB curriculum.

C. Staffing--A.L. Orr

D. Evaluation--acceptance of articles

E. Budget--none required.

30. Title--**AFB publication: Adult Caregivers of Older Visually Impaired Persons**

A. Justification--Throughout the field of aging, addressing the needs of caregivers of older persons, particularly older persons with specific diseases or conditions is receiving high priority. In keeping with this national trend, AFB must assume responsibility for addressing the needs of adult children and spouses who are caregivers to older visually impaired spouses and parents. This initiative is in keeping with AFB's public education campaign priority to increase awareness of access to services among this group.

B. Implementation--determine appropriate format for writing and publishing materials for the caregiver audience. Write publication(s) for AFB publication.

C. Staffing--A.L. Orr, N. Griffin-Shirley.

D. Evaluation--completion of publication.

E. Budget-- To be determined following approval of publication plan. Budget should not be involved during this development year.

CHRISTINE E. PAWELSKI
National Program Associate

This National Program Associate participates in a range of activities that supports the overall mission of the American Foundation for the Blind, i.e. to enable persons who are blind or visually impaired to achieve equality of access and opportunity that will ensure freedom of choice in their lives. This Associate specializes in education and child issues, with an additional special interest in topics related to child abuse in all of its forms (e.g. maltreatment, physical, sexual and emotional) and other social issues which affect families and children (e.g. AIDS, substance abuse). Activities include assistance in state and federal policy development, model program development, training and technical assistance in Agency, field and nationally initiated priorities, enhanced information dissemination practices, innovative research initiatives, development of collaborative networks and on-going advocacy for quality educational services for all individuals who are blind or visually impaired, regardless of the severity of their disabilities.

Work of this Associate also reflects assistance in Agency reorganization initiatives as a result of 1991-92 downsizing, and the beginning implementation of the overall AFB strategic plan. Both circumstances have set into motion projects that are responsive to the needs of a changing organizational environment which is streamlining its operation in order to be fiscally accountable and mission-driven.

Projects identified are in keeping with this newly developed AFB Mission and Goals which emphasize collaboration, systemic change and cost effective activities in defined areas of expertise.

31. Title--**Education Team and GRD Collaboration**

A. Justification--It has become increasingly clear that given limited fiscal resources nationally, educational concerns involving low incidence populations have taken on new kinds of "fighting for dollars/services". There is no longer "enough to go around", and being able to even maintain, let alone secure additional services and support for blind and visually impaired children in the future will require planful strategizing and collaborative efforts across many avenues.

B. Implementation--In order to enhance AFB's impact within the educational policy and development arena nationally and regionally within special education, the following activities will be implemented:

(1) Development of an AFB Education team across the Agency which will target areas of educational impact to be accomplished by the Year 2000 (AFB Education 2000 initiative!) that will affect individuals who are blind and visually impaired, including deaf-blind and multiply handicapped. Goals and strategies for the positive impacting of the future will be developed.

(2) Pawelski will "team" with Scott Marshall in Washington on regular basis throughout the year in order to network and lobby directly for educational concerns of interest to AFB and its mission. Marshall and Pawelski will explore the efficacy of developing a broader education team in DC which might include coordinating with the major blindness organizations or low incidence agencies in the DC area for purposes of greater impact.

(3) AFB education team members will continue to present and be present at the major special education conferences and activities throughout the year. Rather than one member always attending, an attempt will be made to "share" this networking responsibility with the goal to maximize our presence in a cost effective manner. Besides regional conferences or workshops, conferences relating to severely handicapped, blindness and visual impairment, technology, general education and families will be considered for attendance and presentations within this initiative.

C. Staffing--Pawelski and members of the Education team (Huebner, Wormsley, Turco and Siller); Scott Marshall from GRD.

D. Evaluation--Goals and objectives will be set by the Education team who will evaluate their implementation by the end of 1993.

E. Budget-- Total budget which is subsumed in regular departmental lines is $4,875. Part (1) $0.; part (2) $2,500 (GRD Collaboration/6 trips); and part (3) $2,025 (Educational Conferences/Travel) $350 (Educational Seminars/Fees)

32. Title--**Literacy Initiative**

A. Justification--Exploration and development of literacy initiatives affecting blind and visually impaired individuals continue to be of primary importance for AFB. This is critical to continue at this time as well, since the overall literacy movement nationally has taken on renewed interest because of Barbara Bush and the AMERICA 2000 initiatives.

B. Implementation--Work will continue to refine the Literacy strategic plan that is in various stages of development throughout the Agency so that it is coordinated with the various initiatives of AFB. The current steps underway, but are not limited to the following:

Completion and dissemination of AFB Fact Sheets related to Literacy which will be incorporated into I & R materials being developed.

On-going dissemination of Spungin monograph and related information to blindness field as well as broader based literacy networks nationally.

Identify private and federal funding sources for regional and national initiatives involving literacy activities (e.g. Mentorship projects, teacher and rehabilitation training resources, optical devices training handbook, etc.).

Expansion of AFB internal capacity in regional and national offices to reproduce material in braille.

Investigate status of adult literacy programs in NIB, IRS, and other work based literacy situations in order to determine needed interfacing or technical assistance.

C. Staffing--Pawelski and Diane Wormsley (Co-Chair Literacy Initiative) Other members will include: Mary Ellen Mulholland, Kathy Huebner, Glenn Plunkett, Dawn Turco, Alberta Orr, Judy Scott and Doris Dieter.

D. Evaluation--Once finalized Literacy strategic plan is approved, monitoring of progress will be based on these timelines for goals and objectives.

E. Budget--$5,000

Revolving Budget for Literacy Initiative Requested	5,000

33. Title--**Information and Referral System Initiative.**

A. Justification--AFB handles hundreds of information and referral requests throughout the entire Agency by telephone, mail and walk-ins. Work needs to be done to streamline, and standardize this operation in order to enhance its impact in a cost effective, yet efficient and quality way that is both up to date and responsive to the field.

B. Implementation--A formal AFB "Information and Referral" Task Force has been established (January, 1992) which will review the overall I & R AFB systems and develop recommendations for Agency wide standardization and implementation during the next fiscal year.

Work will continue within the Agency to monitor and document information and referral requests utilizing standardized formats so that needs can be defined both regionally and nationally. Current formats developed by the Program Associates Department will set the model for that standardization initially.

Reports of various I&R activities (e.g. ADA "SWAT Team", Literacy, NTC, Hotline, Consumer Products, Social Research, etc.) will be collated on a regular basis, and distributed throughout the Agency so that greater amounts of information and trends can be shared.

Through the I & R Task Force, computer and other information based systems will be investigated in order to determine long range planning in this area for AFB.

C. Staffing--Pawelski and Leslie Rosen (Co-Chair I & R Initiative) Additional members will include: David O'Neil, Betty Calder, Elliot Shreier, Nora Griffin-Shirley, Danielle Robinson, Terry Allen, Gina Burgos, and Diane Wormsley, Ex-Officio as needed.

D. Evaluation--A brief "Satisfaction" rating sheet will be developed by the Task Force to be used on a random basis with various users of the new I & R system in order to determine customer satisfaction. Work will also be done to determine the degree consumers of I & R can become future AFB donors.

E. Budget--$5,000

Project Budget for I&R Task Force Initiative Requested	5,000

34. Title--**AFB Scholarship Program**

A. Justification--AFB is committed to enhancing educational/vocational opportunities for individuals who are blind and visually impaired.

B. Implementation--This includes advertizing the program, managing the scholarship funding sources, responding to nearly 1,000 requests for information concerning applications for scholarships, and reviewing applications for potential funding. Review panels are instituted each year to review applications, with follow-up regarding award decisions and dissemination of that information coordinated also with the Director of Public Relations.

C. Staffing--Pawelski manages the scholarship with the assistance of Gina Burgos her secretary. Reviewers, outside AFB but generally in the NYC area, are used to peer review the scholarship applications. Press events regarding announcement of scholarship winners requires the assistance of staff from the Public Relations Department and some Regional Offices.

D. Evaluation--Timeliness of response to scholarship applicants and efficient management of total scholarship process so that it is standardized with limited time required by AFB staff in its management.

E. Budget--No direct monies for scholarships by AFB. However, materials, postage costs and personnel time are picked up by AFB.

35. Title--**Centers for Disease Control (CDC) AIDS Prevention Education Grant National Project.**

A. Justification--The CDC/AFB grant will be in its third and final year of operation. The primary subcontractors for this grant are the Educational Research and Services Center, DeKalb, Illinois (Kapperman, et al).

B. Implementation--The curriculum materials will be prepared for final publication and dissemination through AFB's Publication Department.

C. Staffing--The primary staffing will be the Publication's Department this year, along with management of the Project by Pawelski, (20%) with secretarial assistance (15%).

D. Evaluation--Evaluation will be from a market research point of view related to the publication of the curriculum.

E. Budget--Budgetary costs are covered in the grant budget.

36. Title--**National Coalition on Child Abuse and Disabilities**

A. Justification--Pawelski originated and chairs until September, 1992, the National Coalition on Abuse and Disabilities. Child abuse and disabilities is only recently gaining more attention, as data regarding the vulnerability of these children is being gathered, and greater coalition/networking is taking hold across the country. Since 1990, the Coalition has been gaining recognition even with private foundations (Wall Street Charity Fund) for its efforts as changes and impact are being realized on a national basis.

On-going participation by this Associate in a leadership role will not only assure inclusion of individuals who are blind and visually impaired in this effort, but demonstrate nationally the expertise that is available in this very specialized area that has "limited" experts.

B. Implementation--Besides continuing to coordinate the yearly meetings and advocacy strategies for the Coalition, Pawelski will be directly involved in the implementation of several key activities:

Monitoring and assisting in the securing of "matching funds" for the computer networking system ("HandsNet") which will link-up 7 Coalition sites to the more than 1,300 child welfare agency subscribers. Together with other Coalition members, this initial effort will be piloted this year and evaluated to determine its effectiveness in disseminating current information on disability issues, and providing a cost effective communication networking system for the Coalition.

Work will continue this year with various members of the Coalition to implement various activities for the National Committee for Prevention of Child Abuse in Chicago. This was the result of advocacy efforts generated through the national meeting in September, 1991. Pawelski will coordinate activities which will include evaluating their materials and recommending alternative medium selections; production of a "working paper" for their network distribution, a pamphlet and checklist on disability access and increasing their national Board representation for disability issues. These will be done in partnership with the Coalition members throughout the year.

Coordination of the 3rd Annual Coalition meeting which will take place at the International Congress for Child Abuse and Neglect, August-September, 1992. Pawelski and other members are coordinating presentations, access to the Congress, and special events related to disabilities for this major networking event.

Work with the Chicago Regional Office Director to secure funds for the development of "Talking Books" for parents, teachers and children utilizing the materials of the National Committee which is located in Chicago. Materials approval has already been secured from the Committee, and opportunities may exist within the Chicago area to fundraise for this, given the nature of the activity and target of the International Congress for its premiere in August, 1992.

On-going training and technical assistance provided to the various organizations requesting further information on the issues of child abuse and disabilities, especially related to issues of visual impairment, and access to materials in alternative or enhanced mediums.

C. Staffing--Pawelski (w/assistance from Gina Burgos and Don Harkins)

D. Evaluation--On-going evaluation of the National Coalition impact will take place after the August, 1992 meeting to determine future strategies and need for continued collaboration.

E. Budget--$1,925 Total (1) $300 for on-line charges for "HandsNet" (2)/(4) $550 Chicago collaborative efforts with Mid-West AFB Office and NCPCA (3) $1,075 attendance at International Congress in Chicago, August, 1992 for Coalition meeting. These costs are subsumed in department budget but intended to be covered through revenue generation.

37. Title--**Reaching the Broader Education Field**

A. Justification--In order to continue to serve in a leadership position in the upcoming years, it is critical that staff of AFB establish specialized, yet broad based credibility and expertise in fields of interest. Professionals of AFB must learn to talk to the entire audience, not just to the choir, if the services and supports for blind and visually impaired children and families are going to continue and be enhanced in the years ahead. The field of blindness must also hear about issues and concerns that may be uncomfortable, but in need of a response if educational quality is going to be maintained.

B. Implementation--This Associate will continue to network with broader education related groups (e.g. child welfare, sexuality, mental health, general education) in order to continue to speak to the issues of blind and visually impaired children. In so doing, the following activities will be completed in the next year, which were just initially started in 1991-92, and delayed because of unanticipated contingency planning concerns at AFB.

Pawelski was asked to edit a special edition of the Disability and Sexuality Journal which will be devoted solely to articles related to blindness and visual impairment. Identification of authors (6), and management of that issue will continue during this year.

Pawelski was also asked to do a special article for JVIB on the issues of Child Abuse and Disabilities. This will also be completed over the coming year.

C. Staffing--Pawelski and selected authors for Journal edition

D. Evaluation--Production of materials/article

E. Budget--None

38. Title--**"Sharing the Vision" Activities**

A. Justification--With the new AFB strategic planning goals and objectives, and downsizing effects of 1991-92, it becomes imperative that ALL personnel share the responsibility and ownership of AFB activities. However, oftentimes, staff, other than program personnel, are really NOT aware of the breath of activities and issues that an organization is involved with. Their understanding may often be based on preconceived or "historical" notions, and not reality based. The result can often be less than enthusiastic support for an organization, oftentimes based on insufficient opportunities to understand directions in a "hands on" way.

B. Implementation--

*do a needs assessment of possible areas AFB non-program staff might be interested in.

*organize 4 local "sharing the vision" activities (1-1/2 hrs) in length throughout the year in collaboration with overall AFB administration, and Public Education staff.

C. Staffing--Pawelski (w/other AFB cross-department "volunteers")

D. Evaluation--Individual session evaluation form.

E. Budget--$100 from within regular departmental lines.

III. Ongoing Projects

1. Title--**Josephine L. Taylor Leadership Institute**

National/Interdepartmental

A. Justification--AFB is committed to sponsoring and coordinating an annual Josephine L. Taylor Leadership Institute.

B. Implementation--This institute is annual. Needs assessments are conducted as part of the evaluation process and another is sent to the full leadership mailing list. Planning and coordination efforts are on-going throughout the year.

C. Staffing--To be determined by Spungin and Augusto. Huebner and Hernandez are responsible for fiscal management. Planning staff generally includes The President and Executive Director, Associate Director of Program Services, Directors of departments in program services and Governmental Relations,select National Consultants, and Regional Directors.

D. Evaluations are conducted immediately following the institute, averaging more than a 90% return rate. The results are thoughtfully considered for the planning of the next institute.

E. Budget--A request for 15,000. from AFB to off-set costs is being requested. In addition, other funding sources will be explored.

TOTAL AMOUNT REQUESTED 15,000.

*** NOTE: THIS LINE MAY BE REALLOCATED TO ANOTHER DEPARTMENT DEPENDING ON THE TOPIC SELECTED. FOR EXAMPLE, IF DISABILITY SPECIFIC AND GENERALIST IS SELECTED, THIS BUDGET LINE MAY BE ASSIGNED TO SOCIAL RESEARCH, AS KIRCHNER CHAIRS THIS AFB INITIATIVE.**

6. Title-**O&M/Low Vision Survey**

National-Intra-departmental, and Inter-departmental with consultation from Social Research

No set aside monies are being requested

A. Justification-This study is completed. It is yet to be determined whether the results warrant publication.

B. Implementation-The data and very rough draft left by Piqueras will be reviewed by Joffee who will recommend next steps, if any.

C. Staffing-Joffee

D. Evaluation-Either a memo from Joffee stating the material should not be published, or a co-authored article submitted to Joffee. Depending on how much work might need to be done to get it into shape, either Piqueras or Joffee will be lead author.

E. Budget-No set aside funds are required.

IV. ADDITIONAL ON-GOING ACTIVITIES

1. Assist Alberta Orr in the development and administration of a Restricted Estate Fund in support of totally blind individuals who are indigent or in need of financial support having no family resources. (See Orr Plan 1992-93) (CP)

2. Information and Referral requests (telephone/mail) along with maintenance of resource file of catalogues and critical articles. (CP)

3. Faculty member of Family Advocacy Program within U.S. Military that trains personnel nationally/internationally on Child Sexual Abuse issues. (CP)

4. Member of on Teacher Education Advisory Board for Dominican College, Orangeburg, New York. (CP)

5. Consultant to the Child Abuse and Disabled Children Network: NYS. (CP)

6. Member Council for Exceptional Children (CEC), national. (CP, KH)

7. Member AER (Local/National).(ALL Department Staff)

8. Member of NAPVI (CP, KH).

9. Member of TASH (Local/National) (CP,KH).

10. Member of ISCAN (International Society for Child Abuse and Neglect).(CP)

11. Reviewer of JVIB materials and AFB Publications Department manuscripts. (All Department Staff as requested)

12. Information and referral, including maintenance of resource lists. All staff. I&R forms are now being used in the department to enable the department to better analyze the requests made and develop more efficient and effective ways to disseminate responses.

13. Editorial Board and peer reviewer for Rural Special Education Quarterly and Special Net. KH

14. Peer reviewer of Journal of Vision of Rehabilitation KH

15. Participation with other AFB national and regional staff as requested on state-wide or other studies. All professional staff.

16. Advocacy action with the National Coalition on Deaf-Blindness. KH, CP

17. General advocacy communications with Washington Senators and House of Representatives. All professional staff.

18. Technical assistance to schools, universities, organizations and agencies of and for the blind and related fields. This activity will be minimized, however calls will be responded to through I&R activities. All professional staff.

19. Presentations at national conferences. This activity will be kept to a minimum, with particular attention paid to criteria of strategic plan, AFB Initiatives. All professional staff. One international conference will be attended, ICEVH by KH

20. Participation in public relations activities. All professional staff.

21. Participation in development activities as requested. All staff.

22. Assist all other departments and Regional Centers as requested. All professional staff.

23. Identify exemplary programs or potential publications and foster their dissemination. All professional staff.

24. Compile and maintain current mailing lists of fields represented by staff specialization areas. All professional staff and ultimately to be coordinated through formalized AFB I&R effort.

25. Identify national concerns, trends and issues to determine AFB Initiatives and develop appropriate strategies to address and resolve them. All professional staff.

26. Administer department activities. KH

27. Monitor and instruct department staff on use of SpecialNet CP

28. NAPVI Liaison funds for travel to be secured from NAPVI (KH)

American Foundation for the Blind, Inc.

15 West 16th Street, New York, New York 10011 (212) 620-2000 Founded 1921

Chron

February 24, 1992

Anne Corn
Professor
Education of the Visually Handicapped
University of Texas at Austin
College of Education
Austin, TX 78712

Dear Anne:

I am enclosing a first, very rough draft of Kathy Huebner's strategies chapter for the low vision book. Kathy would appreciate feedback from all of you.

Sorry for the delay on this. It was drafted a while ago but until I talked to you we were seesawing on whether the one liners would work. I'm glad I finally asked your opinion.

Best Regards,

Mary Ellen

Mary Ellen Mulholland
Director, Publications
& Information Services

MEM:cdw

cc: Kathy Huebner, Natalie Hilzen

Enclosure

IERICAN FOUNDATION FOR THE BLIND, INC. 15 WEST 16TH STREET, NEW YORK, N.Y. 10011

Inter-Office Correspondence

MEMORANDUM

TO: Danielle Robinson

FROM: Kathleen M. Huebner DATE: February 18, 1992

SUBJECT: Request for Materials and Equipment

Thank you for your memo of January 27, 1992 regarding your future needs on the third floor. Please let me assure you that all standard supplies will be provided and as of this memo, Sara Hernandez has ordered the braille labeler and braille labeling tape.

Regarding the braille writer, it was my understanding that Leslie Rosen was going to pursue this. If I misunderstood, please inform me immediately so that we can order a braille writer; also as of writing this memo Sara will be calling you to determine the paper size of the braille paper you need. As soon as she determines the size of paper you wish, she will order you four reams. Please clarify to Sara what you mean by a "transcriber" and specifically which screen access program you will need.

Thank you.

KMH:sh

cc: Susan J. Spungin
Gerald Miller
Leslie Rosen

MEMORANDUM

RECEIVED
FEB 1 4 1992
K.M.H.

TO: Kathy

FROM: Elga Joffee EJ

SUBJECT: Regional Directors Staff Meeting

DATE: February 14, 1992

==========

A concurrent session on ADA has been scheduled for February 19, 1992. Since I am on vacation at this time, I have asked Don Harkins to cover. Don has graciously agreed. Gina can help Don locate the resources he needs in the ADA drawer.

EJ:nr

IERICAN FOUNDATION FOR THE BLIND, INC. 15 WEST 16TH STREET, NEW YORK, N.Y. 10011

Inter-Office Correspondence

MEMORANDUM

TO: Corinne Kirchner

FROM: Kathleen M. Huebner DATE: February 13, 1992

SUBJECT: Delta Gamma Foundation Proposal for Josephine Taylor Leadership Institute

Thank you for your memo and copy of the Jo Taylor Leadership Institute proposal. The proposed tentative theme of the conference is intriguing.

The proposed involvement of Delta Gamma is also interesting. I was very surprised to see the proposed site is Columbus, Ohio. We have consistently held the Institute in Washington, DC to enable participants to visit the Capitol and so we could also draw speakers, etc. from governmental agencies to the conference.

I am curious as to how you hope to achieve greater participation from the rehabilitation and consumer groups. I do think you have clearly made good points for using Delta Gamma volunteers which go beyond clerical support. I am also curious as to why you went with $10,000 on the budget rather than $15,000 for contributions to Delta Gamma.

The proposal looks good. If you wish, I will look forward to discussing your concept further. I sincerely hope the proposal is awarded.

KMH:sh

cc: Susan J. Spungin

AMERICAN FOUNDATION FOR THE BLIND, INC. 15 WEST 16th STREET, NEW YORK, N.Y. 10011

INTEROFFICE CORRESPONDENCE

filed JLTL/ Delta Gamma 93

To: Dennis Brookshire
Don Harkins
Kathleen Huebner
Scott Marshall
Mary Ellen Mulholland
Kathy Nelson
Mary Ann Siller

From: Corinne Kirchner CK

February 3, 1992

Subject: Attached Proposal for a Jo Taylor Leadership Institute

Attached is the version that was submitted to Delta Gamma (except that the original also included a grant application form and AFB's Annual Report.)

Each of you provided some helpful input, and I hope you find the product satisfactory. Any further comments/ideas are welcome and will be useful if we do get the grant.

RECEIVED
FEB 0 4 1992
K.M.H.

CK:lap
Enclosure

PROPOSAL TO DELTA GAMMA NATIONAL FOUNDATION

FOR "JOSEPHINE TAYLOR LEADERSHIP INSTITUTE"

GENERAL PURPOSE - This proposal seeks assistance in the form of Delta Gamma expertise, funding ($10,000) and volunteer activity, to help the American Foundation for the Blind produce a national leadership conference -- the "Josephine Taylor Leadership Institute" -- in Fall 1992 or Winter 1993, to advance the quality of life of people who are blind or severely visually impaired.

STATEMENT OF NEED - The theme of the proposed conference (tentative title: "VISIBILITY: A KEY TO VIABILITY OF SERVICES") addresses the growing difficulty of attracting and keeping the attention of local community, state and national constituencies to the needs and accomplishments of people who are blind or visually impaired, and to the educational and rehabilitation services that help meet those needs.

After decades of incremental success by consumer and provider organizations in educating the public (including policy makers) to abandon negative stereotypes of blindness, events in recent years have greatly complicated the vast remaining task.

Key factors include:

o Increasing sophistication is needed to deal with a changing array of media, and to "compete" for public concern with more dramatic problems such as AIDS, drug abuse and crime, and homelessness.

o Partial success has bred some complacency, ironically at a

time when changing demographics of the blind or visually impaired population reveal increased numbers and need for services, especially among very young and very old persons, many of them multihandicapped.

o Partial success has also altered the message to be conveyed: it is no longer acceptable or accurate to portray the unique needs of blindness in the traditionally effective "pity appeal"; a new knowledge base is needed both to understand and advocate more effectively for services to address unique needs.

o The "voluntary sector" has also changed structurally and demographically, requiring new approaches to enlisting the energies and financial support of volunteers.

The model of a "leadership conference" is designed to address those needs with maximum impact in a cost-efficient manner. Conference methods will include leadership training, information updates, and participatory activities and follow-up (see page 5).

BACKGROUND - Delta Gamma National Foundation has co-sponsored (providing expertise and funding) three prior conferences of a similar nature, with varying themes. Known since 1986 as "The Josephine Taylor Leadership Institute" (JTLI), these national meetings continue an annual tradition begun in the late 1970s.

The proposed theme implements some recommendations highlighted in prior JTLIs, especially the closing session in 1990 JTLI, consisting of presentations by Delta Gamma's Mrs. Susan Shue (who had participated for the entire meeting), and the three leaders of working groups.

RELEVANCE TO AFB'S MISSION - The mission of the Josephine Taylor

Leadership Institute is to qualitatively improve services for blind and visually impaired children and adults by enhancing leadership skills, examining national issues and developing strategies to effect constructive change.

JTLI's mission fits squarely within AFB's overall mission, as defined on the Grant Application form. Specifically, the past year's "strategic planning" process concluded that AFB can make a unique, ongoing contribution as a "change agent" on issues of national importance. JTLI is a mechanism to help fulfill that organizational role.

The proposed theme and specific sessions were also derived from initiatives in AFB's strategic plan, notably (a) public education and (b) analysis of the relative effectiveness of specialized and general services for people who are blind or visually impaired.

OVERVIEW OF PROPOSED PROJECT

I. Stage of planning - Many details of the agenda, structure, and timing of the proposed JTLI are pending, since a vital aspect of this request is that Delta Gamma nominate 2 or 3 members to join AFB in the JTLI planning committee.

(Note: Resources for planning include program booklets from past JTLIs; transcriptions of major sessions; written evaluations by participants; expertise of AFB staff and Delta Gamma members who have participated.)

II. Proposed location - We propose holding the conference in Delta Gamma's "home city", Columbus, Ohio. Based on discussion with Lynne Burroughs of Delta Gamma's staff, we understand that the headquarters building is not suitable for a meeting of this size (estimated 100+). Ms. Burrough's helpful lead to the Radisson North hotel has been followed up, as a basis for preparing the budget.

The Midwest location is desirable not only to enhance Delta Gamma's participation, but also to keep costs down compared to prior meetings in the Washington, D.C. area, and to draw participants who had not been able to go east.

III. Other (tentative) features of the conference, based on prior experience:

a) Timing: Begin on a Thursday afternoon and extend through Sunday noon (thus benefitting from lower airline fares that include a Saturday overnight stay). Although we would like to aim for a 1992 date, to maintain annual continuity, the timing of Delta Gamma's grant announcement may make Winter 1993 more realistic to allow adequate planning and publicity.

b) Obtain a nationally-known Keynote speaker.

c) Conduct an "Access Awards" ceremony. That feature was initiated in 1990 and also was a highlight of the 1991 JTLI. Especially in light of the proposed theme of "Visibility", we hope to "upgrade" the mementos to awardees (e.g., plaques), and

publicity for this feature.

d) Publicize JTLI to potential attendees through AFB's mailing lists of leaders in education and rehabilitation of blind and visually impaired persons, parents (National Association of Parents of the Visually Impaired) and other "consumer" groups, augmented by the Delta Gamma network.

e) Develop an agenda that balances:

1) leadership training (e.g., in media relations; other community public relations; recruitment and management of volunteers for publicity, fund-raising, and service delivery)

2) informational updates on legislation, litigation, and practice initiatives; and

3) participatory activities -- group problem-solving, skill-building, commitment to action.

f) Improve two areas of "weakness" in past JTLIs:

1) Achieve greater participation from leaders in the "rehabilitation sector" and from consumer groups, to balance traditional high turnout from the "education sector";

2) Develop better mechanisms for follow-up action by AFB and Delta Gamma (as co-sponsors) and by attendees, and better mechanisms to identify and publicize the actions stemming from prior meetings, and expected to follow the proposed JTLI. Our plan to issue an

"Action Report" is an innovation toward that aim.

IV. <u>Suggested ways to benefit from Delta Gamma's involvement</u>:

a) Delta Gamma's expertise is sought through participation in a JTLI planning committee. Tasks include: firming up the overall theme and specific program topics; identifying and recruiting speakers; setting dates and location; planning pre- and post- conference publicity.

b) Delta Gamma's expertise would be crucial in the actual program, e.g., alumnae members as speakers/trainers.

c) Delta Gamma's volunteers at both collegiate and alumnae levels might participate, in cooperation with AFB's professional and support staff, by helping with:

1) local arrangements in Columbus, e.g.: arranging a group visit to Delta Gamma headquarters; identifying restaurants and cultural facilities that are fully accessible for people with disabilities.

2) preparations at AFB's New York headquarters, e.g.: mailings; compiling attendee packets of materials. (These tasks might be most appropriate for collegiate members).

3) registration desk and other assistance at the conference (These tasks might be of interest both to collegiate and alumnae members).

4) pre- and post-conference publicity (e.g., helping

to arrange local news coverage and deal with media; writing reports for relevant newsletters).

V. Budget - $10,000 is requested (see breakdown below).

Some assumptions apply:

a) that AFB will contribute the substantial amounts of time of professional and support-level staff needed for planning and producing the conference, and for follow-up activities. Indirect costs will also be contributed.

b) that the meeting will be held in Columbus, Ohio;

c) that Delta Gamma's expertise and volunteer participation will defray or contain certain costs that are therefore not shown in the budget;

d) that the level of funding requested reflects cost constraints. Therefore, the effort to obtain other funding and in-kind contributions will permit us to enhance publicity, wider participation, and more effective outputs.

BUDGET BREAKDOWN

Category	Amount
Materials (includes paper, folders, etc.)	$ 700
Duplicating (except "Action Report")	1,000
"Action Report" (transcription, editing, duplicating, etc)	3,000
Postage	1,500
Telephone	500
Publicity (photographer, press relations; other costs are included in postage, phone, etc)	1,000
"Access Awards"	500
Travel (coordinator, selected speakers)	4,300
Waived registration fees (speakers and a few others: total of 12 people at $125)	1,500
Honoraria (some speakers)	2,500
Hotel (meal functions, reception, audio-visual, etc). .	8,000
Total Expenses	$24,500
Income - Registration fees (estimated 100 at $125). . .	(12,500)
Expenses minus income	$12,000

FUNDING REQUEST TO COVER PART OF NET EXPENSES = $10,000

(An additional funding source will be sought to cover the remainder.)

ERICAN FOUNDATION FOR THE BLIND, INC. 15 WEST 16TH STREET, NEW YORK, N.Y. 10011

Inter-Office Correspondence

MEMORANDUM

TO: Mary Ellen Mulholland

FROM: Kathleen M. Huebner KMH/sh DATE: February 13, 1992

SUBJECT: Low Vision Futures Chapter

I received your note of January 24, 1992 in which you requested my approval to send my Low Vision Futures Chapter to Anne Corn, Ginnie Bishop, and Jane Erin. Your note surprised me as I have heard nothing since July 1, 1991 when it was submitted.

I have also not even looked at it since I submitted, however; I do recall it was incomplete at that time. I have been waiting for feedback to apply to the completion.

Please feel free to send what you have to Texas. I would only ask that the cover letter include a statement that the chapter is not complete. I would welcome Anne's, Ginnie's and Jane's comments, (as well as yours and other members of your editorial team) before proceeding with the final copy.

Thank you.

KMH:sh

cc: Susan J. Spungin

ERICAN FOUNDATION FOR THE BLIND, INC. 15 WEST 16TH STREET, NEW YORK, N.Y. 10011

Inter-Office Correspondence

MEMORANDUM

from the DESK of

Resource Development

February 12, 1992

MARY ELLEN MULHOLLAND

Kathy Hurlburt

appointment as AFB's
icere congratulations.

e to contact me or the

Are you comfortable with my sending your LVF chapter in its present form to Anne, Ginny & Jane.

I'm negotiating that SJS piece could be side bar (she still wants to dictate - have us write) as is ~~and~~ would like to abort this. They want to see yours.

M.E.

ERICAN FOUNDATION FOR THE BLIND, INC. 15 WEST 16TH STREET, NEW YORK, N.Y. 10011

Inter-Office Correspondence

MEMORANDUM

TO: Lorraine Zamora, Associate Executive Director of Resource Development

FROM: Kathleen M. Huebner DATE: February 12, 1992

SUBJECT: Welcome to AFB

I have just read the memo from Carl R. Augusto regarding your appointment as AFB's Associate Executive Director of Resource Development. My sincere congratulations.

I look forward to meeting and working with you. Please feel free to contact me or the National Program Associate staff if we can be of any assistance.

KMH:sh

cc: Carl R. Augusto
Susan J. Spungin
National Program Associates

ERICAN FOUNDATION FOR THE BLIND, INC. 15 WEST 16TH STREET, NEW YORK, N.Y. 10011

Inter-Office Correspondence

MEMORANDUM

TO: Liz Greco, Director of Communications

FROM: Kathleen M. Huebner DATE: February 12, 1992

SUBJECT: Welcome to AFB

I regret that I have not been able to welcome you personally as the new Director of Communications.

Please accept this memo as a heartfelt welcome. I look forward to working with you.

KMH:sh

cc: Carl R. Augusto
Susan J. Spungin

Founded 1921

HELEN KELLER
Counselor
1924-1968

OFFICERS

MICHAEL M. MANEY
Sullivan & Cromwell
New York, NY
Chairman of the Board

ALDINE T. SCHOLL, PH.D.
Ann Arbor, MI
ice Chairman of the Board

EARL E. GARRIS, JR.
Bankers Trust Company
of New York
New York, NY
Treasurer

ACHEL E. ROSENBAUM
Carroll Center for the Blind
Newton, MA
Secretary

CARL R. AUGUSTO
esident & Executive Director

REGIONAL CENTERS

NORTHEAST
15 West 16th Street
New York, NY 10011
(212) 620-2037

MID-ATLANTIC
1615 M Street, NW
Washington, DC 20036
(202) 457-1487

MIDWEST
20 North Wacker Drive
Chicago, IL 60606
(312) 269-0095

SOUTHEAST
100 Peachtree Street
Atlanta, GA 30303
(404) 525-2303

SOUTHWEST
260 Treadway Plaza
Exchange Park
Dallas, TX 75235
(214) 352-7222

WESTERN
111 Pine Street
San Francisco, CA 94111
(415) 392-4845

GOVERNMENTAL RELATIONS
1615 M Street, NW
Washington, DC 20036
(202) 457-1487

UTIVE FAX: (212) 727-1279
FAX: (212) 727-7418
TDD: (212) 620-2158
HOTLINE: 1-800-232-5463
CABLE ADDRESS:
OUNDATION, NEW YORK

Equal Opportunity Employer

American Foundation for the Blind, Inc.

15 West 16th Street, New York, New York 10011 (212) 620-2000 Founded 1921

TO: *Board of Trustees & AFB Directors*

FROM: *Carl R. Augusto* ***DATE:*** *January 23, 1992*

SUBJECT: ***NEW HIRES***

*I have appointed **Liz Greco** to serve as AFB's Director of Communications, effective February 3, 1992. Liz comes to us from Fox Chase Cancer Center, Philadelphia, Pennsylvania, where she served as Assistant Director of Marketing for two years and as Marketing Specialist for two years. Prior to that she worked at the University of Pennsylvania as Coordinator of Communications. At least for the time being, Liz will be reporting directly to me.*

*I have also appointed **Lorraine Zamora** to the Associate Executive Director of Resource Development position effective February 24, 1992. Since 1990, she has been the Director of Development at AFS Intercultural Programs here in New York. Prior to that she served as Development Director for Lincoln Center. Lorraine also will be reporting to me.*

*I would also like to inform you that **Diane Wormsley**, Regional Center Director in our Western Regional Office, will be transferring to the Southeastern Regional Office in Atlanta where she will serve as Director. This move will be effective in June 1992. We are presently recruiting to fill both the Director and Regional Consultant positions in our San Francisco Office.*

CRA:vet

Carl R. Augusto

RECEIVED
JAN 24
K.M.H.

ERICAN FOUNDATION FOR THE BLIND, INC. 15 WEST 16TH STREET, NEW YORK, N.Y. 10011

Inter-Office Correspondence

MEMORANDUM

TO: Carl R. Augusto

FROM: Kathleen M. Huebner KMH/sh DATE: February 12, 1992

SUBJECT: Thank You

Thank you for the thoughtful gesture expressed by the AFB staff through the lovely floral arrangement sent to me while I was in the hospital. It was a very artistic arrangement and was in my room when I arrived there from recovery.

The folks who work at AFB are in my daily thoughts and I look forward to seeing everyone soon.

KMH:sh

file

ERICAN FOUNDATION FOR THE BLIND, INC. 15 WEST 16TH STREET, NEW YORK, N.Y. 10011

Inter-Office Correspondence

MEMORANDUM

TO: National Program Associates

FROM: Kathleen M. Huebner KMH/sh DATE: February 11, 1992

SUBJECT: Proposed Travel Itineraries

From February 7 - 17, 1992, Dr. Spungin will be away from the office; therefore any proposed travel itinerary that you wish to submit should be given to Sara Hernandez. Sara will share these with me via phone or during her visits to my apartment while I am on sick leave.

If you should be submitting any proposed travel itinerary during this time which warrant discussion, you should feel free to call me at home to discuss. You can reach me at: (212) 614-9228. If I am not in at the time of your call, (as I may be at the doctor's office), please leave a message on my answering machine and I will get back to you as soon as possible.

Thank you.

KMH:sh

cc: Susan J. Spungin
Alice Ryan

ERICAN FOUNDATION FOR THE BLIND, INC. 15 WEST 16TH STREET, NEW YORK, N.Y. 10011

Inter-Office Correspondence

file

MEMORANDUM

TO: National Program Associates

FROM: Kathleen M. Huebner KMH/sh DATE: February 11, 1992

SUBJECT: Reminder on Quarterly Reports

This is more than a gentle reminder that your quarterly reports are overdue and some of you, as yet have not submitted.

As soon as you all have submitted your quarterly reports to Sara, I will review them and submit to Susan J. Spungin. Please try to have them in no later than February 25, 1992.

Thank you.

KMH:sh

cc: Susan J. Spungin

ERICAN FOUNDATION FOR THE BLIND, INC. 15 WEST 16TH STREET, NEW YORK, N.Y. 10011

Inter-Office Correspondence

MEMORANDUM

TO: Susan J. Spungin

FROM: Sara Hernandez SH DATE: February 11, 1992

SUBJECT: Three Major Activities for "Board Updates"

Attached you will find three major activities (that each NPA submitted) per your request in Kathy's absence.

I hope this is helpful.

Attachments

cc: Kathleen M. Huebner

SJS
Kathy's Major Activities include
(1) Director / Editor of AFB Deaf-Blind Project
(2) Co-Editor Rural Manual to Hungary
(3) Co-ordinator A-TOP project

KMH 2/12/92

MEMORANDUM

TO: SUSAN SPUNGIN

FROM: ELGA JOFFEE

SUBJECT: THREE MAJOR ACTIVITIES FOR PAST YEAR AND UPCOMING YEAR

DATE: FEBRUARY 6, 1992

1. AFB Deaf-Blind Project

Involvement in all aspects of the grant's development of the in-service and self-study materials related to orientation and mobility. Conducted a focus group study to identify the needs of the teacher audience for learning about orientation and mobility for students who are deaf-blind and have severe handicapping conditions. Wrote O&M Learner Objectives, Content Outlines, and developed the tentative chapter breakdowns for the project's final product. Will remain a key staff member for all future grant activities, including writing two chapters for the grant's publication, and participating in video development, materials field testing, and final materials development.

2. ADA Implementation

Chairing AFB's ADA SWAT Team and Access Initiative whose immediate purpose is to assure the inclusion of individuals with visual impairments in the implementation of the ADA. This includes providing information and referral to individuals with visual impairments, providing revenue generating consultations to businesses and industry, disseminating information about visual impairments and ADA through presentations and publications, and exploring opportunities to conduct ADA related research and demonstration projects. To date accomplishments include four paid consultations to industry and public facilities, a publication in a trade journal, an invitation to participate in a graphic design trade show, and an invitation to appear on NYC Public Access Cable TV.

3. Addressing Personnel Shortages

Participation in activities to develop the role of paraprofessionals in the blindness service delivery system and to create programs and curricula for this purpose. Activities included writing a mobility assistants curriculum with AER, presenting training seminars, and studying the impact of the program. Future activities will include working as a change agent to evaluate and expand the role of paraprofessionals to meet service needs.

THREE MAJOR ACTIVITIES
(for report to AFB Board)

2/05/92

G.Miller, National Program Associate

1. Enhancing Employment Effectiveness-MSU-RRTC grant

AFB will develop training package and provide training to rehabilitation professionals by early 1993. We will also research and develop an alternative training mechanism which will be field tested at a subsequent date that year. The cost-effectiveness of the two training models will be evaluated

AFB is receiving $150,000 to fund this project over the next five years. We will also be developing and providing separate training for consumers and employers.

2. Reauthorization of the Rehabilitation Act

On 2/05/92 I completed a revised AFB position paper on the Reauthorization of the Rehabilitation Act. Our recommendations, if accepted, will have a significant impact in individualizing vocational rehabilitation services, increasing client involvement, improving quality of service provision, and developing better evaluation and measurement systems.

3. Establishing College Degree Professional Training Programs

Leadership efforts in working with private and State agencies for the blind and professional organizations resulted in Cornell University applying for a grant to provide a degree program for O&M instructors and Rehabilitation teachers. (11/91). Approval of this application will result in significant growth in professional training in the Northeast.

GM:gm

MEMORANDUM

TO: Susan J. Spungin

FROM: Alberta L. Orr ALO.

RE: Projects for Board Report

DATE: February 6, 1992

==========

1. Completed first draft of a white paper, **THE STATE OF THE ART IN SERVICE DELIVERY TO OLDER BLIND AND VISUALLY IMPAIRED PERSONS**, to be published as an AFB monograph.

2. Completed final editing of galleys for the AFB publication, **VISION AND AGING: CROSSROADS FOR SERVICE DELIVERY.**

3. Piloting of initial **Fact Gathering Questionnaire** of gerontology faculty for the NIDRR grant to be conducted during second week of February. Questionnaire will determine the extent to which aging and vision loss content is part of gerontology curriculum across the country.

4. Completing the SCP Training Manual to be submitted to ACTION February 12.

5. Work on National Leadership Coalition on Aging and Vision to be initiated mid-February. Writing to Executive Director of White House Conference on Aging planning to express interest in developing an agenda for the WHCA on aging and vision loss issues.

ALO:nr

February 8, 1992

TO: Susan Spungin
FROM: Chris Pawelski

RE: Three activities for Board meeting

1. Collaborative development of National Braille Literacy Mentorship Project with Diane Wormsley to include research, training and resource development.

2. Collaborative work with MIS and Library on more standardized, efficient and enhanced Information and Referral system at AFB.

3. Collaborative work with Scott Marshall to develop enhanced education legislative agenda that includes other blindness organizations working on "the hill", e.g. NAPVI, ACB, ALL, COSB, AER. Initial strategy meetings with groups has begun.

4. On-going work as Chairperson of the National Coalition on Abuse and Disabilities with activities being developed for presentation, access and information generation at the International Congress on Child Abuse and Neglect in Chicago, August, 1992.

Done.

AGENDA

National Program Associates

January 22, 1992
1:30 PM - 4:00 PM

Anne Sullivan Macy Room

1:30 PM - 2:30 PM	DEPARTMENT REORGANIZATION PROPOSAL, ELGA JOFFEE AND STAFF INCLUDING: • OFFICE ASSIGNMENT • COMPUTER • PHONE • SPECIAL NET • JET SHARE
2:30 PM - 2:45 PM	BREAK
2:45 PM - 4:00 PM	I & R HANDLING OF CALLS PROCEDURES WHILE HUEBNER IS ABSENT CLOSING REMARKS & ADJOURN

KMH:nr

cc: Susan J. Spungin
Carl Augusto

Founded 1921

HELEN KELLER
Counselor
1924-1968

REGIONAL CENTERS

NORTHEAST
15 West 16th Street
New York, NY 10011
(212) 620-2037

MID-ATLANTIC
1615 M Street, NW
Washington, DC 20036
(202) 457-1487

MIDWEST
20 North Wacker Drive
Chicago, IL 60606
(312) 269-0095

SOUTHEAST
100 Peachtree Street
Atlanta, GA 30303
(404) 525-2303

SOUTHWEST
260 Treadway Plaza
Exchange Park
Dallas, TX 75235
(214) 352-7222

WESTERN
111 Pine Street
San Francisco, CA 94111
(415) 392-4845

GOVERNMENTAL RELATIONS
1615 M Street, NW
Washington, DC 20036
(202) 457-1487

EXECUTIVE FAX: (212) 727-1279
FAX: (212) 727-7418
TDD: (212) 620-2158
HOTLINE: 1-800-232-5463
CABLE ADDRESS: FOUNDATION, NEW YORK

American Foundation for the Blind, Inc.

15 West 16th Street, New York, New York 10011 (212) 620-2000 Founded 1921

NATIONAL CONSULTANTS DEPARTMENT

Done 1-22-92

FAX: (212) 620-2105

Facsimile Transmission Sheet

****

PLEASE DELIVER THE FOLLOWING PAGES TO:

DATE: 1-22-92

FAX: 214-352-3214

NAME: Mary Ann Allen

FIRM: AFB - Southwest

FROM: Kathy Huebner

MESSAGE:

TOTAL NUMBER OF PAGES INCLUDING COVER LETTER: 3

****

IF YOU DO NOT RECEIVE ALL THE PAGES, PLEASE CALL BACK AS SOON AS POSSIBLE. THANK YOU. 2044

Mary Ann Siller, Regional Education Consultant in Education for the American Foundation for the Blind's Southwest Regional Center in Dallas, Texas, received her Bachelor of Science degree in Education, with Visually Handicapped and Learning Disabled certification, from the University of Texas at Austin; Masters of Education degree in Curriculum and Instruction, with an Educational Diagnostician certification, from Corpus Christi State University; and received postgraduate certification in School Administration from Southwest Texas State University.

Ms. Siller began her career as an itinerant teacher/consultant with the Education Service Center Region II in Corpus Christi, Texas. She worked with public school districts to establish educational programs for children who are visually impaired and multiply impaired (birth through twenty-one). Before joining AFB, Ms. Siller was employed with the Texas Education Agency (TEA) in the Division of Special Education Funding and Compliance. As a state special education consultant, she provided technical assistance to school districts on funding options and program planning for children with visual impairments (birth through twenty-one). Ms. Siller is currently a board member of the Delta Gamma Alumnae Chapter of Dallas and the Braille Authority of North America (BANA). In addition, she has been active with the National Organization of Legal Problems in Education and the Texas Council of Women School Executives. Ms. Siller is a member of the Association for Supervision and Curriculum Development (ASCD) and The National Association for Parents of the Visually Impaired, Inc. (NAPVI).

AER Involvement:

AER Texas Chapter Secretary (1990-92), Chair of Legislative Committee (1988-1990), Nominations Committee (1986-1987)

Campaign Speech: "Much can be accomplished for people with visual impairments by educators and rehabilitation specialists working together. It is essential for us to involve community resources and promote public awareness of needed services for children and adults who are blind or visually impaired. I am committed to my profession, and I strongly believe in AER's purpose. As an elected official, I would work to bolster AER membership and promote needed activities which will help further our commitment for improved and expanded services to all people with visual impairments."

mission

Mary Ann —

Looks great!

One suggested change as indicated.

You have my VOTE!

COSMOS
CORPORATION

1735 Eye Street, N.W. • Suite 613 • Washington, D.C., 20006 • (202) 728-3939

Chron

January 17, 1992

Kathy Huebner
American Foundation for the
Blind
15 West 16th Street
New York, NY 10011

Dear Ms. Huebner:

Thank you for considering serving on the "Building a National Agenda for Technology, Media, and Materials Focus Group," for the U.S. Department of Education, Office of Special Education Programs. To facilitate the process, the focus group is limited to ten members. To achieve a balance of expertise, nominees were carefully reviewed and unfortunately, you have not been selected as one of the final ten. We do, however, value your interest and expertise and would like to seek your input during a later phase of the agenda building process.

Thank you again for your willingness to serve. If you have any questions, feel free to call me.

Sincerely,

Liz Lahm

Elizabeth A. Lahm
Task Leader

EAL/bah

Kathy

AMERICAN FOUNDATION FOR THE BLIND

Alison

MEMORANDUM

TO: Susan J. Spungin, Mary Ellen Mulholland, Leslie Rosen, National Program Associates, Regional Centers

FROM: Kathleen M. Huebner KMH

RE: Kudos to Orr and Miller

DATE: January 17, 1992

Alberta & Gerry had these articles published in a recent issue of the Journal of Gerontological Social Work. Congratulations to them both. Thought you might want to see them or have copies for your files.

KMH:gb

Attachment

cc: A. Orr
G. Miller
C. Augusto

Volume 17, Numbers 3/4 1991 ISSN: 0163-4372

NEXT ISSUE: NEW VOLUME

Journal of Gerontological Social Work™

Published by THE HAWORTH PRESS, Inc.

of the older and visually impaired persons.

The Psychosocial Aspects of Aging and Vision Loss

Alberta L. Orr, MSW

SUMMARY. The number of older persons experiencing vision loss is growing rapidly as people are living longer and service providers are faced with meeting the needs of this changing and diversifying population. This article describes the losses associated with aging and with vision loss; reactions and adjustments to vision loss by the older person as well as family members and the challenges and opportunities confronting service providers and older visually impaired persons in the 90's.

The number of older persons experiencing vision loss is increasing rapidly as the population of those over the age of 60 is steadily expanding. Vision loss is among the top ten disabilities and health conditions which disable American's elderly today (Blake, 1984). In 1987 a documented 2,038,000 older persons were "severely impaired" meaning they have difficulty reading newspaper print (Nelson, 1987). They are also described as having "low vision" meaning having a sufficiently severe degree of vision loss to interfere with various aspects of daily functioning and life style. Well over three million older persons are severely visually impaired today. As a result, social workers and other service providers are encountering more and more elderly clients who are in the process of losing their vision or are visually impaired. Therefore, it is important for professionals working with the elderly to have a knowledge base in the

Alberta L. Orr is National Consultant on Aging for the American Foundation for the Blind in New York City. Prior to AFB, Ms. Orr was Executive Director of the East Bronx Council on Aging, a multi-service agency for the elderly. She has been in the fields of aging and blindness for the past 15 years where she has worked to improve service delivery to the expanding and diversifying population of the older and visually impaired persons.

fies, the retirement years can be a time of tremendous life satisfac-

array of losses associated with the aging process. Multiple losses

issues associated with aging and vision loss and an understanding of the psychosocial aspects of vision loss as part of the aging process.

Awareness of and sensitivity to vision loss issues will enable social workers conducting a comprehensive psychosocial assessment to understand the information gathered; it will also enable them to make stage-appropriate referrals for service to both the aging and blindness service delivering system, and help them in their counseling role. Familiarity with vision loss issues among elderly persons will further assist social workers in program planning and development, supervision, administration and policy making, and their efforts to work toward the best interests and needs of older visually impaired persons as this population expands and diversifies in the years to come.

The psychosocial aspects of aging and vision loss have a considerable impact on the individual's readiness to begin to learn new ways of accomplishing routine activities with limited vision, and the types of assistance needed by the older visually impaired person. The services needed may include referral to an eye care specialist or a low vision clinic for a low vision evaluation and possible low vision devices. Referral to and consequent services from a local agency for blind persons will enable the ready and interested older visually impaired person to learn adaptive techniques for carrying out activities of daily living or the use of the long/prescription cane for mobility. Recommendations and referrals may also include participation in a local senior citizen center, transportation services to and from the senior center and to medical and social service appointments, a home-delivered meal, a senior companion, chore services, home health care services, or a change in living arrangement where necessary. Individual counseling or involvement in a self-help or peer support group can also be an important element in coping and adjustment to vision loss. Opportunities for productive activity, for volunteer work or assistance in remaining in or reentering the workforce are equally important considerations for the social worker assisting the older person who is experiencing vision loss.

According to Clark (1975) there are two perspectives which characterize the aging process in society today: the optimistic and the pessimistic. For many older people, including those with disabilities, the retirement years can be a time of tremendous life satisfaction and productivity. Many older persons maintain an exciting vitality and zest for life, and anticipate and expand new goals and roles. It is easy for social workers, particularly those working with the elderly in community-based settings such as senior citizen centers, to be invigorated by the energy and enthusiasm of older persons (Orr, 1986). The pessimistic view maintains that older persons experience isolation, bewilderment, resignation and regression. The focus of this article is to provide information about older persons who are experiencing the losses associated with the aging process, particularly vision loss, and to help those working with visually impaired older persons assist them and their family members in getting the help they need and to view their life circumstances realistically, but from an optimistic position of potential for continued growth and development.

This article describes: (1) the losses associated with the aging process; (2) the losses associated with vision loss; (3) reactions to vision loss among the elderly; (4) adjustment to vision loss; (5) the older visually impaired person within a family context and, (6) the challenges and opportunities confronting service providers and older visually impaired persons today. This material will hopefully provide social workers with some insights and perspectives in which to observe, interact with and assist older visually impaired persons and their family members get the services needed to become increasingly independent and to enhance their self esteem.

VISION LOSS AND OTHER LOSSES ASSOCIATED WITH AGING

Inherent in the aging process is the concern and reality of loss. For some older persons, gradual vision loss is the first sign of growing older; for others it represents another loss or impairment compounding other physical and/or cognitive impairments and/or psychological losses, any of which may limit or change independent functioning and lifestyle. The vast majority of older persons are adventitiously blind or visually impaired having lived 60, 70 or 80 years as a sighted person. They, therefore, experience their vision impairment as a major loss at the last stages of the life cycle. The older visually impaired person may also be experiencing any of an array of losses associated with the aging process. Multiple losses

either physical or psychological make adjustment more difficult, compound the psychological impact of any single loss, and may make it difficult for the individual and family members to prioritize service needs. The onset of vision loss not only compounds other losses of aging but also increases the individual's apprehension about his or her total physical and psychological integrity.

The following is a list of the key losses associated with aging.

1. loss of a spouse or significant other, of siblings, neighbors, friends and peers.
2. the loss of geographic proximity to children and grand children
3. loss of a social network
4. loss of good health
5. loss of economic security
6. loss of the work role
7. the loss of opportunities for productive activity
8. loss of physical and/or psychological mobility
9. loss of a sense of being whole
10. loss of self-worth, self esteem
11. loss of self confidence and self reliance

While some older persons have only one health problem, losses are inevitable.They are part of the life experience of aging and can result in serious depression. For the older person, losses are cumulative and intensive. Current losses revive losses sustained earlier in life (Billig, 1987). Some may perceive the later years as one loss after another. This bombardment of losses was referred to by Cath (1971) as an "omniconvergence" of losses.

These losses are accompanied by some typical reactions, including:

1. feelings of anger at living "longer" but "not better"
2. feelings of deterioration and vulnerability
3. feelings of loneliness and despair
4. social isolation as a result of psychological withdrawal
5. fears of catastrophic illness
6. the threat of nursing home placement and using life savings to meet the cost of health care.

Among the visually impaired elderly, two thirds of this population have at least one other chronic illness or disability which has an impact on independent physical mobility. The most prevalent of these conditions are arthritis, heart disease, hypertension and post-stroke symptoms (Blake, 1984). Each of the psychological or physical losses compound and are compounded by the onset of vision loss and its associated losses.

LOSSES ASSOCIATED WITH VISION LOSS

Father Carroll (1961), a leader in the field of blindness, described twenty losses associated with blindness and visual impairment. Many are most specifically related to total blindness but are relevant to visual impairment. The losses are divided into the following categories: (1) Basic Losses of Psychological Security; (2) Losses in Basic Skills; (3) Losses in Communication; (4) Losses in Appreciation; (5) Losses Concerning Occupation and Financial Status; (6) Resulting Losses to the Whole Personality.

In general, older persons experience various combinations of these losses at the onset of vision loss and as they attempt to adjust to vision loss. Unlike the younger person who loses vision, the older person customarily views vision loss as just one more disability or loss with which to cope. The aging process does not automatically mean gradual and inevitable physical deterioration as American society has held to so firmly, but the psychological impact of any loss can be enormous.

The result of the onset of vision loss may be feelings of loss of control over one's life and the subsequent need to be dependent on others. For some, it can be extremely traumatizing to need help with routine tasks such as becoming physically oriented to the indoor environment and locating items throughout the home. The feelings of loss of control over the environment are even more pervasive in geographic areas where a car is essential for necessary activities such as shopping, getting to and from medical and social service appointments, or visiting friends.

The feeling of loss of control over one's life and over one's environment is closely associated with the experience of a loss of privacy by the older visually impaired person. Suddenly the visually

impaired person finds himself experiencing the loss of written communication and is a need of someone to read mail, read and pay bills, assist in personal correspondence, and balance a check book. Deciding on a family member or a volunteer as a reader is frequently a difficult personal struggle because of the resulting loss of privacy and need to fully trust someone else regarding control of financial resources.

Feelings of inadequacy and loss of confidence and self reliance reign, sometimes making it difficult for the older visually impaired person to go out of the house, to continue to be involved in community activities, or to attend a senior center. Not being able to identify faces of others at the center, or locate a chair, or identify the food items on a plate make the public environment intimidating. Withdrawal to the protected but isolating environment of the home may soon follow. It is not uncommon for social workers to hear the older visually impaired person describe him/herself as homebound even when visual impairment is the individual's only disability.

The loss of anonymity or obscurity is difficult for older persons who wants to remain the same whole person they always were. With visual impairment they will be noticed wherever they go, whether walking with a sighted guide (holding on to someone's arm) or using a long/prescription cane to travel independently. Unlike many psychological losses which can be regained over a period of adjustment and the acquisition of new skills, loss of privacy and anonymity are constant. They may, however, matter less over time as feelings of self worth are restored through rehabilitation.

Loss of unspoken communication has a considerable impact on psychosocial well being. Older visually impaired persons frequently speak of no longer being able to share a meaningful glance with a loved one, the impact of the lack of eye contact with friends in a social setting or participation in a group. Not seeing the facial expressions or body gestures of others makes it difficult for the visually impaired person to judge when to enter a group discussion or to see others' reactions to what he/she just said. Not being able to see others nod, smile, or look puzzled eliminates the satisfaction of non-verbal feedback. the result is discomfort and lack of confidence to participate in social interactions.

REACTIONS TO VISION LOSS

Older persons have various reactions to the onset of vision loss, of gradually deteriorating vision, and the recognition of a considerable degree of vision loss over time. Some operationalize all of their defense mechanisms in order to continue to function. These may range from denial that vision loss has occurred and that it may interfere with their lives in any way, to acceptance and readiness to learn adaptive techniques for carrying out routine activities and roles.

Denial can take the form of exaggerated hope that new cures will reverse the condition. Many older persons continue to deny their disability for many years which is dysfunctional since it precludes being receptive to and receiving rehabilitation services which can make a dramatic difference (Goodman, 1985).

Other older visually impaired persons may feel they are falling apart, feel depressed, anxious, fearful and helpless and hopeless about the present and the future. The loss of vision can substantially accelerate older persons into a state of bewilderment, which can lead to loss of status, dignity and even an eventual loss of health (Wineburg, 1982).

Upon hearing about the eye disease, the older person may feel that the ophthalmologist cannot possibly be right; frequently several opinions are sought before coming to terms with the reality of vision loss. Anger may be directed at the eye care specialist, a family member, or oneself for not detecting the problem sooner. With support from significant others and professionals, and through rehabilitation, steps toward adjustment can be made, particularly as new skills are learned which have the potential to restore the feelings of wholeness.

ADJUSTMENT TO VISION LOSS

No one adjusts to change, to loss, or to impairment in a vacuum, or entirely independently. The success or failure of adjustment, and certainly the rate of adjustment, depends on individual coping strategies and the involvement and reactions of significant others. The ability to cope with vision loss is contingent on many life circumstances. Adjustment which occurs in increments, is a process which

takes varying lengths of time depending on the presence or absence of other variables. Some of the most significant factors which have an impact on the older visually impaired person's ability to cope may include:

1. physical well being
2. presence or absence of supportive loved ones
3. typical responses to change, stress or crisis
4. religious beliefs
5. cultural norms and values
6. perceptions of disability, of vision loss, and stereotypic thinking and myths about blindness
7. awareness of another older visually impaired person and whether or not that individual is thriving
8. knowledge of services and resources related to blindness and visual impairment

Where no other physical disability or health problem is present, it may be easier to focus on adjusting to vision loss.

Reactions of others can have a major facilitating or inhibiting effect on the newly visually impaired older person. It is important that others continue to view the visually impaired older person as capable, possibly in need of assistance until new skills can be learned, and to not take over or reinforce or create dependency.

The individual's reaction to stress or change may be to withdraw or to operationalize individual strategies for coping. These stress reactions will have considerable impact on the individual's interest in continuing to function and seek assistance from an agency for the blind.

Religious thinking may range from the idea that the impairment is the result of ill-doing and therefore it is one's plight to bear. Strong positive faith may lead the visually impaired person to think that God will show the individual how to overcome the loss and go on. Cultural norms and values have a similar impact as religious thinking, lending a traditional viewpoint by which to experience disability. If the older visually impaired person has carried with him the thinking that a blind person can only be a beggar on a street corner selling pencils, it will be impossible for the older visually

impaired person to view himself as a productive, contributing member of society. Knowing another older person who has lost vision and has learned adaptive techniques to manage daily tasks may have a positive effect on the individual's ability to perceive himself as capable of similar successes.

Knowing where to get help is the critical first step to the adjustment process. Knowing that a rehabilitation agency for blind persons exists does not necessarily mean that the older visually impaired person is ready to seek assistance or is even aware that he is eligible for services. While it may take time to admit to oneself that he/she is visually impaired, that such assistance is necessary, or that rehabilitation services can make a difference, some level of awareness of where to begin when help is wanted is critical.

The adjustment process is the most significantly affected by the availability of a support system of peers and family members. Therefore it is important to view the older visually impaired person and the adjustment process within a social context. It may be through family or friends that the first steps toward determining what services are available is made.

THE OLDER VISUALLY IMPAIRED PERSON WITHIN THE FAMILIAL AND SOCIAL CONTEXT

Within the family, the older person may feel he can do nothing for himself and may want to depend on spouse or adult children for everything. On the other hand the older person may continue to struggle to do as much on her own as possible, even beyond that which is manageable in order to maintain dignity and integrity and avoid being a burden to others. Because of fears related to safety, a family member may also insist on doing everything for the older visually impaired person, creating an unnecessary and unwanted state of dependency. These circumstances are not uncommon and creating a balance and working toward a state of interdependency is a process which takes time.

While the older visually impaired person's primary goal is to continue to be as independent as possible, of equal value is the ability to be interdependent within the family and within the social context. For example, the state of interdependence allows the older

person to accept assistance from a daughter for food shopping and reading mail while at the same time being able to continue to provide childcare for grandchildren while the daughter is working. The state of interdependence for the older visually impaired person who has been the president of a local fraternal organization allows the individual to accept assistance in reading the minutes of the previous meeting while still being able to conduct the meeting as its convener. The ability to continue to maintain roles and responsibilities enables the older visually impaired person to retain or regain a sense of self worth and self-confidence. It also allows the older person to view himself and be viewed by others as a capable, productive and contributing member of a network first, then as a person with visual impairment.

Older persons and their family members may differ with regard to readiness for services from an agency for the blind. In some circumstances the older person will be eager for rehabilitation services and want to learn to do as many tasks as possible independently, but family members may be hesitant about the visually impaired person's safety and want to continue to do the tasks the older person is capable of doing. Spouses and adult children, particularly daughters, who assume the role of caregiver may eventually become overburdened by the tasks involved because of other life pressures and responsibilities involving work and their own family. A family member may be ready for help from an agency for the blind, but the older visually impaired person may not be at the same level of readiness. Patterns of coping and adjusting come into operation as strategies for resolution are negotiated among the older visually impaired person and key family members. Social workers can help the individuals involved examine their motivations, fears and hesitancies so that the steps toward rehabilitation are appropriate and understood by all involved.

SERVICES AND SERVICE PROVIDERS AND THE VISUALLY IMPAIRED OLDER PERSON

The social worker at an agency for the elderly may provide counseling to the older visually impaired person or is frequently in the best position to serve as case manager. While it is important for

social workers to be knowledgeable of agencies and services for blind and visually impaired persons, it is even more important to remember that the visually impaired older person may also need services provided through the aging service delivery network. Viewing rehabilitation services from an agency for the blind as one of many services along a continuum of community based long-term care can help the service provider remain mindful that once a referral to an agency for the blind has been made, responsibility for the older visually impaired client does not end. The older visually impaired person may still need aging services and may still wish to participate in a senior center while waiting for or receiving rehabilitation services.

A healthy and helpful perspective is to view the older visually impaired person as a client of both the aging and the blindness service delivery system, as an older person first and an older person with visual impairment second. Such a perspective will help the older visually impaired person not fall through the cracks of the two primary service delivery systems. Being a part of both systems and receiving services from both service delivery systems concurrently creates maximum potential for comprehensive and holistic rehabilitation.

CHALLENGES FACING SERVICE PROVIDERS AND CLIENTS

Service providers in the fields of aging and blindness will be faced with an increasing and diversifying population of older persons experiencing vision loss in the 90's and in decades to come. Professionals representing both fields will need to heighten their level of awareness about the nature of vision loss as a concomitant of the aging process, and about the consequent physiological, functional, psychological, social, and environmental aspects of aging and vision loss. Service providers will need to know more about the other service delivery systems with which they must work cooperatively and collaboratively in order to maximize service delivery to older visually impaired clients. Both clients and service providers are faced with challenges related to vision loss.

Older visually impaired persons are challenged to learn new

skills to continue to live independently; challenged to overcome myths and stereotypic thinking about blindness and blind persons; challenged to recognize their ability to learn, and to convince others of that ability, challenged to be independent and interdependent within a social or family context, and challenged to retain or regain valued roles.

Older visually impaired persons are continually challenged to present themselves and their current life circumstances and needs to others, to educate others along the way, including service providers. They are challenged to continue valued activity, to learn to use new technology, to discover new talents, and to find services and programs accessible to them.

A common example of barriers to accessible services is the situation of the older visually impaired person who wishes to remain or become an active participant in a senior center. The older person, center director, and program staff may think it is not possible to participate in an activity which appears to require vision. These activities may include playing cards, bingo, a role in a drama class, being part of a choral group or participating in a craft program. Simple adaptations and modifications can enable the older visually impaired person to be a full participant. These may include large print or braille materials such as playing cards and bingo boards, recording songs or lines in a play for memorization, learning to be an effective narrator on the part of the staff person, or providing individual attention to the visually impaired person to find out just what kind of assistance would be helpful.

Visual impairment can have a significantly greater negative impact on the psychological well being of the older person if personal and professional supports are not in place to understand, encourage, teach and support the individual through a process of adjustment. While vision loss can be traumatic and devastating, it does not threaten life itself, but the quality of life. Because it is not life threatening it has not received the societal and professional attention it requires and deserves. While over 3 million older persons experience vision loss significant enough to interfere with aspects of their daily functioning, blindness and visual impairment, in comparison to other health issues, is still a low incidence disability. For this reason insufficient federal dollars have been allocated for rehabilitation of the older visually impaired person. Legislative language and advocacy effects continue to attempt to insure that older visually impaired persons will have access to aging services through the Older Americans Act.

As a society focused on increased life expectancy which boasts of increasing numbers of older persons living to their 80's and 90's, we have only just begun to address the issues of real quality of life in many areas. We need to move quickly to be prepared for future needs of those with vision loss, to champion the principles of independent living, accessibility, and integration into the mainstream of community life. As social workers we must challenge ourselves to advocate for these principles and more importantly, must challenge and encourage older visually impaired persons to become their own best advocates.

The recent passage of the Americans with Disabilities Act (1990) should serve as our major vehicle to assure service. It puts an end to discrimination against people with disabilities, calls for environmental accessibility and reasonable accommodations for disabled persons. Quality of life issues must be addressed by society as a whole, service providers in the field of aging and blindness and related fields, as well as older blind visually impaired persons themselves who face challenges and opportunities to enhance quality of life. As direct service providers, planners, policing makers and advocates, social workers must work to improve each service delivery system's response to older visually impaired persons who are living longer, so that "living longer" is synonymous with "living better."

REFERENCES

Billig, N. (1987). *To be old and sad: Understanding depression in the elderly.* Mass: D.C. Heath and Comp.

Blake, R. (1984). What disables America's elderly. *Generations, 8*, pp. 6-9.

Cath, S. (1971). Some dynamics of middle and later years. In *Crisis Intervention,* Parad (Ed) N.Y.: Family Service Association of America.

Carroll, J. (1961). *Blindness: What It Is, What It Does, and How to Live with It.* Boston: Little, Brown and Company.

Clark, T. (1975). Bodily Changes in Aging. Speech delivered to: Conference on

Aging and Blindness. Philadelphia: College of Physicians, American Foundation for the Blind.

Goodman, H. (1985). Serving the elderly blind: A generic approach. *Gerontological Social Work Practice in the Community.* New York: The Haworth Press, Inc., pp. 153-167.

Nelson, K.A. (1987). Visual impairment among elderly Americans: Statistics in transition. *Journal of Visual Impairment and Blindness, 81,* 331-334.

Orr, A.L. (1986). Dealing with the death of a group member: Visually impaired elderly in the community in A. Gitterman and L. Shulman, (Eds.), *Mutual Aid Groups and the Life Cycle.* Itasca, Ill.: Peacock Press, pp. 315-333.

Wineberg, J. (1981). The elderly blind: The unseen. *Journal of Gerontological Social Work, 4,* pp. 55-62.

Don't Burn My Work Boots Without My Permission

Gerald Miller, MS

SUMMARY. Despite the fact that work meets important financial, psychological, and social needs, older people who lose their vision do not return to employment. This article describes ways in which people who are blind and visually impaired succeed vocationally without sight.

Resources for increasing employment opportunities are provided. Client choice and the presentation of a wide variety of alternatives are emphasized.

Samuel Glaubers' family was thrilled when Samuel at age 59 won the lottery. When he and his wife went to claim the prize, their daughters went to the house, threw dad's work boots into the fireplace, and started planning a celebration party. But, no one bothered to ask Samuel's permission.

The fact is that Samuel wants to work. As Bird (1989) states: "Even those who are dreaming of retirement tell you that it isn't work they are eager to escape, but the nonsense they have to go through to do it. They talk at length about Mickey Mouse rules, office politics, stupid bosses, and the straitjacket of a nine-to-five schedule. Many—on some surveys a majority—say they would like

Gerald Miller, Director, AFB NORTHEAST Regional Center and Grants Coordinator, American Foundation for the Blind, has been employed in the field of blindness and rehabilitation for twenty-five years. He has a Master of Science degree in Rehabilitation Counseling from Hunter College, New York City. A frequent presenter at national and international conferences, he has written numerous articles on issues related to blindness. He has also authored two chapters in a forthcoming textbook on "Rehabilitation Counseling and Blindness."

Mr. Miller wishes the reader to know that he practices what he preaches. (His secretary, Lilly Ann Perlmutter, recently celebrated her 83rd birthday.)

to go on working after retirement if they could work a bit less, if they didn't have to trudge to the office when it wasn't necessary, or they just didn't want to, or if they could work for a different boss or at a kind of work they have always wanted to try."

TO BE OLD AND BLIND

Benjamin Mills lost his vision at age 55 because of diabetic retinopathy. Employed for over thirty years, he lived alone in a one-family house. His wife had been deceased for one year. Concerned for their father's physical safety, his son and daughter-in-law continued to urge him to live with them. Despite his strong desire to maintain an independent home, the pressure he felt from his family caused him finally to accede to their request. While he does look forward to spending time with his one-year-old granddaughter, he has an unexplainable feeling of sadness and discomfort when his daughter-in-law says, "Don't worry, Dad, you won't be in the way. You don't have to do anything."

"Old" and "blind," individually, are two pejorative words. In combination, these two conditions can be even more handicapping. The significance of this becomes increasingly relevant to professionals in the field of gerontology. Over 70 percent of all severely visually impaired persons in the United States are over 65 years of age; over 83 percent are older than age 55 (Kirchner, 1988). These individuals are challenged by their visual loss and conditions associated with age. They are also challenged by a society which often views both older people and people with disabilities with a variety of negative attitudes and stereotypes.

PERCEPTIONS ABOUT BLINDNESS AND EMPLOYMENT

Jim Jones, a New York City computer programmer, cites one of the most frustrating aspects of his blindness: "Often, my blindness is perceived also as a loss of hearing or lack of intelligence. When I am in a restaurant with my wife, sometimes the waiter will ask HER for the order, and after she has ordered, the waiter will ask 'and, what would HE like?' as though I weren't even there."

Until the 20th century, it was rare for a blind individual to be employed in the competitive sector. While individuals with a visual handicap have increasingly demonstrated that they can be successfully employed in a diverse variety of jobs (American Foundation for the Blind's Career Technology & Information Bank), opportunities for employment are more limited for them compared to individuals with sight. And, if opportunities are limited for a person with a visual loss, what about the older visually impaired individual?

DISINCENTIVES TO EMPLOYMENT

People with a visual loss, especially if they are older, are not employed for a variety of reasons:

1. Limited Expectations

Society's expectations for blind individuals to work are often less than for their sighted counterparts. The question "What do you want to be when you grow up?" is less likely to be asked of blind youngsters. As they enter their teenage years, these youngsters are not employed in part-time or summer jobs to the same degree as sighted teenagers. Similarly, moving up the career ladder is not often the expectation for someone who is disabled. Add these attitudes to the diminished expectations for older individuals and the problem becomes more significant. Older individuals who are blind are not expected to want to work. When asked, however, in a context that is encouraging, many older blind people answer "yes" (30 percent in one project) (Thomas, 1981).

2. Economic Disincentives

Because of the way the Social Security System covers blind individuals, there are occasions when the amount of money received by the nonworking disabled person is not significantly different from the amount of income to be gained by employment. In addition, a working individual may lose Medicaid coverage. The Social Security program allows for some exclusion of income, and it is important that individuals check with their district Social Security office for details.

3. Family Pressures

As in the case of Benjamin Mills, family members have anxieties about the safety of a person with a severe visual loss, even when he/she demonstrates an ability to be independent following rehabilitation training. Returning to employment may be discouraged, since work may be perceived as an added responsibility and burden for the blind person.

4. Lack of Expressed Interest in Work

Benjamin Mills may have been reluctant to express his interest in returning to work because of the attitude of his family. There were many times that he thought about returning to work, but each time reflected on new obstacles. "Who would want to hire an older blind man?" He contemplated also on the fact that his sighted friends who had lost their jobs could not find employment. Even if someone wanted to hire him, "What type work could a blind man do?"

OPPORTUNITIES FOR EMPLOYMENT

Benjamin Mills has been a sighted individual for 55 years. When he thinks of an employed blind person, he thinks of Stevie Wonder or Ray Charles. Like most members of the sighted public, he has little first-hand knowledge about blind people and the various types of occupations in which they are employed. He does not know that people with a visual loss are employed in a wide variety of diverse jobs in the professional, scientific, technical, and clerical fields. The AFB Career and Technology Information Bank, a unique database of information gathered from interviews with 1,200 employed blind and visually impaired people includes occupational titles such as engineer, attorney, physician, graphic designer, physicist, horticultural therapist, nurse, investment broker, receptionist, secretary, computer programmer, real estate salesman, electrical appliance serviceman, small engine rebuilder, social worker, etc. The AFB CTIB can be accessed by writing to AFB, 15 West 16th Street, New York City, New York 10011, or telephone 212/620-2079.

HOW WORK IS PERFORMED IN THE ABSENCE OF SIGHT

But how can jobs be performed with visual loss or absence of sight? When the tasks required by a particular position are analyzed, sight in many positions is not a factor in successful job performance. People with vision use visual ability to perform many tasks, but in many instances the assumption that sight is necessary is incorrect. John Simpson, banker, must wear a tie for business reasons. He dresses in front of a mirror when he puts on his tie. His assumption (false) is that this dress function requires sight. He might also assume that it is a two-handed activity. The fact is, although more difficult, a tie may be knotted with one hand. In order to accomplish the same task, Mr. Simpson has another option—the purchase of a ready-made tie.

It is important to remember the uniqueness of the individual when making decisions about employability. People who are classified as blind have varying degrees of vision; not everyone designated as "legally blind" is totally blind. In fact, more than 80 percent of people classified as legally blind have some usable sight. In order to perform work tasks which normally are performed using vision, alternative techniques or adaptive devices may be needed.

The tie-knotting example describes both an alternative technique (use of one hand) or adaptive device (clip-on tie). Alternative techniques are different ways of performing tasks normally done by sighted people. Adaptive devices can change visual material into alternate media forms, such as tactile or audible.

The American Foundation for the Blind's publication *Career Perspectives: Interviews With Blind and Visually Impaired Professionals* offers a variety of examples of the successful employment of people who are blind and visually impaired. Art Schreiber is vice-president and general manager of KKOB AM and FM in Albuquerque, New Mexico. Schreiber lost his sight at age 54 because of torn and detached retinas. Many of his management responsibilities do not require sight; however, toward his goal of continuing in his position, he acquired a VTEK reading machine and a talking calculator. His secretary, also, assists as a reader.

Mike Harrell was blinded at age 27 when the 10-speed bicycle he

was riding collided with an automobile. He was back on the job six months after his accident, working first as a staff therapist before being promoted to director of respiration therapy. He is now responsible for both respiratory therapy and cardiology services. Harrell uses a closed circuit television with a voice synthesizer attached to a computer to accomplish some of the job duties.

It would be helpful to the reader to recognize that a good employee possesses qualities of capability, conscientiousness, and productivity—qualities unrelated to physical characteristics or disabilities. A good employee is someone just like you. If you experienced some visual loss or became blind, you probably would still be able to perform your job. It would be a valuable exercise for you, the reader, to review the job duties of your position and identify how you could continue to remain successfully employed. A number of questions may still need to be answered and the consultation of a specialist in rehabilitation services for the blind would probably answer most of them.

WORK PERFORMANCE

Employees and the general public have concerns about blind people and employment that may be unrelated or go beyond the performance of actual job duties. Employers are uncomfortable about expressing these concerns. Questions relate to how the employee will get to work, find his/her way about the work environment, perform the job safely and efficiently, and correct mistakes. The employer is often reluctant to hire a disabled person because of the fear that if it becomes necessary, he/she either cannot or does not want to fire a worker who is handicapped. The services of the local agency for the blind (see AFB Directory of Services, 1988) can help to answer these questions. Surveys have demonstrated that over the years blind people have proven themselves equal to the best attendance performances of sighted workers. In matters of punctuality, blind workers are rated as superior.

In the areas of safety and efficiency, the incidence of serious accidents among blind workers is considerably lower than that of sighted workers. Blind workers lose only a percentage of the time lost by their sighted counterparts as a result of serious injuries.

Blind and sighted workers doing the same job under similar working conditions were compared on the basis of equality in intelligence, physical strength, pay scale, and years of performance. The quality and quantity of their work were then compared. Blind workers were found to be just as productive as their sighted peers, and, in many instances, the quality of their work was found to be superior. Studies over a period of 25 years have shown that the performance of handicapped workers is equivalent to that of nonimpaired co-workers (E. I. DuPont de Nemours & Co., 1982, 1973).

THE OLDER WORKER

Similarly, there are negative perceptions about the abilities of the older worker. Older employees have also demonstrated that their work performance is equal or superior to others in the workforce.

The following recent findings were noted among older workers:

- They take slightly longer to train (3 weeks instead of 2) but skill retention is high.
- Production is high. At Texas Refinery 28 of 40 top sellers are over 60 years of age (*American Management Review*, January 1989).
- Medical benefits cost less, and customers are more satisfied (*Labor Notes*, 1988).

Among older manual workers:

- Attendance rates are not significantly affected.
- Separation (by resignation or termination) rate is low.
- Decline in productivity after age 50 did not drop more than 10 percent from peak performance.

For clerical workers:

- There was no significant difference in output by age.
- Older workers had a steadier rate of work and were equally accurate (*Harvard Business Review*, 1988).

Among older women, the National Commission of Working Women (1989) reports:

- Accidents are fewer.
- Absenteeism is lower.
- The turnover rate is one-sixth of women in their 20s.

These surveys are valuable in correcting assumptions about employees who are older or visually handicapped. In addition to employer and public education, the client needs to be aware of the strength he/she brings to the workplace.

IMPLICATIONS FOR PROFESSIONAL PRACTICE

You, as an administrator or practitioner, are in a significant position to increase employment opportunities for older individuals with severe visual impairments. Three important factors deserve special attention; it is vital to recognize:

1. The importance of work—emotionally, financially, socially.
2. Opportunities and resources.
3. The individual needs of each client.

THE IMPORTANCE OF WORK

Read the obituary column and you will find several constants about the deceased—age, sex, family relationship, and employment background. In meeting new people, one of the likely questions you may ask or be asked is "What do you do?" Work identity is important.

People work for more than financial reasons. A 1985 Gallup Study reveals that 87 percent of workers over age 63 work because of "job enjoyment," and 72 percent work to "feel useful."

Psychiatrist Jay Rohrlich (1980) writes "In this society our works and their permanent presence are critical to our sense of well-being. The feeling of our own reality is enhanced by seeing ourselves defined by our work."

The deep psychological effect of job loss is noted in a Cornell

University Report (1983). "It can be compared to the grief experienced in the death of a loved one." The suicide rate for such individuals is 10 percent above the national average.

Specific to blindness, Father Thomas Carroll (1961) in his classic work *Blindness: What It Is, What It Does, and How to Live With It* identifies twenty losses experienced when an individual loses sight: losses in psychological security, losses in basic skills, losses in communication, losses in appreciation, losses in personal independence.

The loss of a job further exacerbates the emotional reactions to these losses. The loss of a job, however, does not mean the loss of work identity; the practitioner must not forget the individual's need to work.

OPPORTUNITIES AND RESOURCES

A window of opportunity. In the next decade a number of factors present a window of opportunity for workers who are older and/or disabled. Labor statistics note a shortage of younger workers. Projections are that "come the next fifteen years, younger entrants in the work market will decrease to the point where, if we cannot find a way to utilize those in their later years, we shall have to consider importing labor" (*Perspective On Aging*, Nov./Dec. 1988).

The historic passage of the Americans With Disabilities Act (July 1990) is a major civil rights bill for people with disabilities. Under the ADA, employers may not discriminate against an individual with a disability in hiring or promotion if the person is otherwise qualified for the job. Employers will need to provide "reasonable accommodation" to individuals with disabilities unless the accommodations impose an "undue hardship" in business operations. This includes steps such as job restructuring and modification of equipment. Combined with existing age discrimination legislation, the ADA should through forthcoming regulations increase opportunities for people who are both older and visually handicapped.

Technology will continue to expand opportunities. Adaptive devices have significantly increased the diversity of careers held by people with severe visual impairment. Clients need to be aware of available technology and receive necessary training.

Charles Westpheling's employment represents a diversity of jobs and use of technology. A graduate with the West Point class of 1931, Westpheling retired with the rank of Colonel after thirty years in the army. Upon his retirement, he decided to go into brokering, a field that had always interested him.

When his sight first declined, Westpheling found his job very difficult. He learned braille, developed his memory, and worked aggressively in getting referrals for new accounts. He uses a brailler and a talking calculator. Currently, he is investing use of a computer and has ordered a braille-and-speech device that will audibly synthesize words he types in braille and later produce typewritten output. Colonel Westpheling is now age 80.

RESOURCES: WHOM ARE YOU GOING TO CALL?

Information and consultation on training, employment options, and technology, as well as other resources, are readily available to the social worker and allied health professionals. State and private agencies for the blind and visually handicapped provide a wide range of services which help prepare clients to live independently and return to work. These include low vision services to maximize visual functioning, casework, rehabilitation teaching, communication and braille skills, orientation and mobility, use of adaptive equipment and technology, including computers for use at home and work. Employment-related services include communication skills training, orientation and mobility, rehabilitation counseling, psychological testing, vocational evaluation and training, rehabilitation engineering assistance, and placement. For the name of the public or private agency for the blind in your area, contact the American Foundation for the Blind Hotline 1-800-232-5463. New York City metropolitan area residents may call 212/620-2147.

Communication and cross-referral between the aging and blindness systems is essential to serve the different needs of the older person with a severe visual impairment. The fields of gerontology and blindness profit by sharing professional information and perspectives through each other's formal and inservice training programs. A formal relationship between an agency serving older people and an agency serving blind persons can ensure a cross-referral procedure and a plan for joint staff training and sharing expertise.

THE INDIVIDUAL NEEDS OF THE CLIENT

Most important is the recognition that the primary goal or concern is to meet the individual needs of each client. Often, we ask ourselves "How can my agency best meet the clients' needs?" The first concern focuses on the individual; the second on the agency resources. What about those important needs which cannot be met because your agency does not provide the service or does not have available funding? Because the agency cannot provide certain services, there may be reluctance or avoidance to discuss with the clients their needs for such a service.

Several months after moving in with his son and daughter-in-law, Benjamin Mills met with an intake worker at an agency serving blind people. The agency provided a variety of services, including casework, rehabilitation teaching, orientation and mobility, and recreation. The latter two services met some of Mr. Mills' needs. He wanted to travel more independently and needed to occupy his spare time. He was also referred to a local senior center. The intake worker never discussed any work interest he might have—either for pay, full-time or part-time, or as a volunteer. The fact that work was not discussed as an option confirmed Mr. Mills' feeling that older blind individuals are not expected to work.

When work interest is mentioned, the manner in which the question is asked will elicit varying responses. An initial intake form and an intake worker may ask the same question, yet receive different responses from the same client. The exclusive use of written forms to obtain information from clients is especially discouraged when working with individuals who have a severe visual impairment.

When the question is personally asked, much depends upon the tone and phrasing of the question. Consider these three questions about interest in employment:

1. You're not interested in returning to work, are you?
2. Do you want to work? (Repeat this question, using various tones to recognize the different meanings you may be impacting.)
3. How do you feel about working?

The most important thing you can do as a professional with regard to employment for the person who is older and severely visually impaired is to ask and to learn from the clients about their personal goals, including any interest in work. Failure to do so is tantamount to burning their work boots without permission.

REFERENCES

Bird, C. (1984). *Work in the 21st Century*. Alexandria, Va.: The American Society for Personnel Administration.

Carroll, Father Thomas J. (1961). *Blindness: What it is, what it does, and how to live with it*. Boston, MA: Little, Brown & Co.

International Center for the Disabled. (1986). *The ICD survey of disabled Americans: Bringing disabled Americans into the mainstream. A nationwide survey of 1000 disabled people*. New York: Louis Harris & Associates, Inc.

Kirchner, C. (1988). *Data on visual impairment and blindness* (2nd ed.). New York: American Foundation for the Blind.

Miller, G., & Simpson, F. (1985). Ethical issues and the working years. *Ethical issues in the field of blindness. Helen Keller Seminar*, (pp. 21-26). New York: American Foundation for the Blind.

National Commission on Working Women. (1989). *Women, work and age: A report on older women and employment*. Washington, DC.

Rohrlich, J. (1980). *Work & love: The crucial balance*. New York, NY: Simon & Shuster.

Thomas, J. (1981). *CIL second careers exploring vocational opportunities with visually impaired older people*. New York: Center for Independent Living.

Founded 1921

HELEN KELLER
Counselor
1924-1968

OFFICERS
MICHAEL M. MANEY
Sullivan & Cromwell
New York, NY
Chairman of the Board

ALDINE T. SCHOLL, PH.D.
Ann Arbor, MI
ce Chairman of the Board

EARL E. GARRIS, JR.
Bankers Trust Company
of New York
New York, NY
Treasurer

ACHEL E. ROSENBAUM
arroll Center for the Blind
Newton, MA
Secretary

CARL R. AUGUSTO
sident & Executive Director

REGIONAL CENTERS

NORTHEAST
15 West 16th Street
New York, NY 10011
(212) 620-2037

MID-ATLANTIC
1615 M Street, NW
Washington, DC 20036
(202) 457-1487

MIDWEST
20 North Wacker Drive
Chicago, IL 60606
(312) 269-0095

SOUTHEAST
100 Peachtree Street
Atlanta, GA 30303
(404) 525-2303

SOUTHWEST
260 Treadway Plaza
Exchange Park
Dallas, TX 75235
(214) 352-7222

WESTERN
111 Pine Street
San Francisco, CA 94111
(415) 392-4845

GOVERNMENTAL RELATIONS
1615 M Street, NW
Washington, DC 20036
(202) 457-1487

ECUTIVE FAX: (212) 727-1279
FAX: (212) 727-7418
TDD: (212) 620-2158
OTLINE: 1-800-232-5463
CABLE ADDRESS:
OUNDATION, NEW YORK

Equal Opportunity Employer

American Foundation for the Blind, Inc.

15 West 16th Street, New York, New York 10011 (212) 620-2000 Founded 1921

January 17, 1992

Dr. Barry L. Griffing, Superintendent
Arizona State Schools for the Deaf and the Blind
1200 W. Speedway Blvd.
P.O. Box 5545
Tucson, AZ 85703-0545

Dear Barry

Thank you for your recent letter about your proposal to prepare educational specialists in instructional programs for sensory impaired. I read the abstract and it is exciting. In response to your request to serve on the Regional/National Advisory Committee for the project I must say I am honored by the invitation.

As you might suspect, the AFB Deaf-Blind Project which I direct, in addition to my other responsibilities necessitate that I cut back considerably on travel and time away from the office. Therefore, I sincerely regret that I must decline. You know my interest in the content area and programs in Arizona are not the issue. I would normally "jump" at the chance to work more closely with you, Shirin, and Dan but it just is not possible.

Please be assured that AFB supports your effort. Should you desire a letter of support for your application, please call or write Dr. Christine Pawelski, National Program Associate. Her primary area of responsibility includes education. She can be reached at (212) 620-2043 and is based here in the New York Office. I am forwarding your letter and your abstract to her with a copy of this response.

I hope all is well with you, your family and staff. Please extend my best wishes to Shirin and Dan.

Sincerely,

Kathleen M. Huebner
Director, National Program Associate

KMH:gb

cc: Christine E. Pawelski
Susan J. Spungin

ASDB ARIZONA STATE SCHOOLS
for the DEAF and the BLIND

[redacted]

RECEIVED
JAN 14 1992
K.M.H.

P. O. Box 50142
Tucson, Arizona 85703

January 9, 1992

Dr. Katheryn Hubner
American Foundation for the Blind, Inc.
15 W. 16th Street
New York, N.Y. 10011

Dear Katheryn:

Dr. Daniel Head, Dr. Shirin Antia from the University of Arizona, College of Education, Department of Special Education and Rehabilitation and I are submitting a proposal to the OSERS for a three-year funding grant. We hope that this project will produce expert instructional leadership personnel for schools and programs for sensory impaired students. We are focusing our recruitment and selection of candidates for the program from the western states. An abstract is enclosed which will give you additional information about the project.

Within the project we are going to establish a regional and national advisory committee to help guide the direction of the project, to make recommendations and to help us evolve a program which can be replicated elsewhere. Would you be willing to serve on the Regional/National Advisory Committee for the Educational Specialists in Instruction for Sensory Impaired Students project? We would be very pleased if you would agree to this role. I can assure you that we will not burden you with service to the project.

I believe this is a real venture in quality, competency based training for instructional leadership. And, I think you will enjoy being a member of the Advisory Committee. May we hear from you soon?

Best regards.

Sincerely,

Barry

Dr Barry L. Griffing, Ed.D.

1200 W. Speedway Blvd. • P.O. Box 5545 • Tucson, AZ 85703-0545 • (602) 628-5357 • FAX (602) 628-5092

ABSTRACT

UNIVERSITY OF ARIZONA
COLLEGE OF EDUCATION
TUCSON, ARIZONA

EDUCATIONAL SPECIALIST DEGREE: Educational Specialist in Instructional Programs for Sensory Impaired Students

The Department of Special Education and Rehabilitation in the College of Education at the University of Arizona is proposing to offer a summer term Educational Specialist degree program to prepare professional program specialists in public school programs for sensory impaired students (deaf/hard of hearing, and blind/visually impaired). This unique program is designed to respond to the urgent need for qualified instructional leadership in these low incidence programs. Instructional supervision provided by competency-based prepared professionals will enhance the appropriateness and quality of instructional programs and related services for sensory impaired students in schools and programs.

The mandates set forth in P. L. 94-142 caused a rush in program developments. Schools and programs emerged and grew in response to the pressing demands in the past decade. In many instances administrators did not have sufficient time or resources to provide all programs the number and kinds of instructional leadership needed to build and develop appropriate, quality programs.

Today a severe shortage exists nationally for qualified, competency-based trained professional providing instructional supervision in programs for the sensory impaired. In most instances administrators identify high calibre teachers and promote them into instructional supervisor roles such as principal, coordinator, program specialist, lead teachers, supervisor, etc. These teachers exhibit strong technical skills in the areas of deafness and blindness and typically have had several years of highly successful teaching. They were staff who demonstrated a capacity for positive human relations interactions, showing real promise of team leadership. Most of these teachers who become supervisors are high energy output workers in organizations. For the most part teachers promoted to an instructional supervisor's position have not had any preparation in competency based programs focusing on such areas as (1) Curriculum Theory and Development, (2) Program Evaluation, (3) Organization and Management of Instruction (4) Supervision of Instruction, and (5) Staff Development. This training completes the fundamental preparation of personnel for a career as an instructional leader in special education.

Candidates in this degree program for preparing Educational Specialists in Programs for Sensory Impaired Students will be able to pursue the competency based program during three consecutive summers on the campus of the University of Arizona. Each summer program (two summer sessions in each summer term) consists of twelve units of work. The program consists of thirty (30) hours of course work in the competency areas and an eight (8) credit hour practicum.

The practicum is designed to be jointly supervised by the University faculty and the instructional supervisor's employer; and spans the two school years between summer sessions. In effect, candidates for the program remain on their jobs and are not required to relinquish valuable employment experience. During the practicum the candidate implements and uses the competency skills and knowledge acquired during the coursework. Candidates must enroll in an internship during the semesters between summer sessions for a total of eight units. The candidate must complete a professional project (for 4 units) acceptable to their employer and to the Program Director in the Department of Special Education and Rehabilitation. The candidate initiates the special project topic and design.

Candidates accepted into the program are allowed a cost-of-living stipend for each of the three summers and all tuition expenses are paid from the project funding. It is anticipated that the program can train ten (10) Educational Specialists in the three-year program cycle.

The design and organization of this Educational Specialist degree program meets a major objective in achieving full qualifications for career instructional leaders. The candidate is not required to relinquish an important position in a school or program and the employer does not have to fill a key leader position in the instructional organization.

Completion of the program yields an Educational Specialist degree which is a post masters degree.

Submitted:

Training Programs for Education of Individuals with Disabilities - Part 318:

(Absolute Priorities)		*CFDA - 84.029D - Preparation of Leadership Personnel
		*CFDA - 84.029B - Preparation of Personnel for Careers In Special Education
(Competitive Priorities)	No.2	Promoting Full Qualifications for Personnel Serving Infants, Toddlers, Children and Youth With Disabilities (No. 2)
	No.7	Training Minority Personnel

MEMORANDUM

Sara's file

TO: NATIONAL PROGRAM ASSOCIATES STAFF, DEAF-BLIND STAFF, SPUNGIN, LORENZO

FROM: KATHLEEN M. HUEBNER KMH

SUBJECT: ABSENCE FROM AFB

DATE: JANUARY 15, 1992

==========

I will be away from AFB January 30th through at least the 2nd week of February and possibly the 3rd and 4th week as well. During that time anything which requires my signature should be given to Sara Hernandez who will then determine which things might need to go to Susan J. Spungin for approval. Sara has my permission to sign off on things such as supply, vacation requests, bi weeklys, time sheets, and expense forms. Proposed itineraries must be signed by Susan.

KMH:nr

chron

A NOTE .....

from Chris Pawelski
National Education Consultant
AFB/Ext. 2043

January 13, 1992

TO: Kathy/Susan
FROM: Chris

Done TAX ED 1/16

RE: Draft of Illinois efforts re braille bill

Greetings! Dawn Turco asked that I distribute to each of you the Illinois Coalition draft of "potential" braille bill initiatives for any comments. Please direct comments on wording directly to Dawn. NFB is on this work group, and "may" be the major player on getting this started, along with the State Education Department of Illinois./

Dawn does not know the Illinois "politics" re legislature....so she is not clear on the process. I think that is a missing piece which I am hoping she will figure out soon.

CEP/ms

Founded 1921

HELEN KELLER
Counselor
1924-1968

REGIONAL CENTERS

NORTHEAST
15 West 16th Street
New York, NY 10011
(212) 620-2037

MID-ATLANTIC
1615 M Street, NW
Washington, DC 20036
(202) 457-1487

MIDWEST
20 North Wacker Drive
Chicago, IL 60606
(312) 269-0095

SOUTHEAST
100 Peachtree Street
Atlanta, GA 30303
(404) 525-2303

SOUTHWEST
260 Treadway Plaza
Exchange Park
Dallas, TX 75235
(214) 352-7222

WESTERN
111 Pine Street
San Francisco, CA 94111
(415) 392-4845

GOVERNMENTAL RELATIONS
1615 M Street, NW
Washington, DC 20036
(202) 457-1487

ECUTIVE FAX: (212) 727-1279
FAX: (212) 727-7418
TDD: (212) 620-2158
LINE: 1-800-232-5463
CABLE ADDRESS:
OUNDATION, NEW YORK

American Foundation for the Blind, Inc.

15 West 16th Street, New York, New York 10011 (212) 620-2000 Founded 1921

Done
Chron

January 15, 1992

Northwest Airlines
World Perks Service Center MS:C6330
Minneapolis/St. Paul International Airport
St. Paul, MN 55111

To Whom It May Concern:

Please credit the appropriate mileage to my Northwest World Perk account #504 231 884. Copy of ticket and boarding pass for flight 0027, November 10, 1991 from Nurita, Japan to Bangkok, Thailand are attached.

Thank you.

Sincerely,

Kathleen M Huebner

Kathleen M. Huebner, Director
National Program Associates

KMH:nr

Enc.

MEMORANDUM

Sara's file

Done 1/16/92

TO: ALL AFB STAFF

FROM: KATHLEEN M. HUEBNER

SUBJECT: TITLE CHANGE

DATE: JANUARY 15, 1992

==========

This is to inform you that The National Consultants have a new title. It is "National Program Associates." Discriptors such as "on Aging" do not follow. National Program Associates will describe their roles to be reflective of their primary responsibilities. At present calls, mail, referrals should be directed to National Program Associates as follows:

Individual	Primary Areas of Responsibility
Elga Joffee	Access to Physical Environment and Information and ADA. (across age ranges).
Gerald Miller	Employment and the Reauthorization of the Rehabilitation Act. (Young Adults and Adults).
Alberta L. Orr	Aging Issues; NIDRR grant with Nora Griffin-Shirley; Aging Coalition. (Elderly).
Christine Pawelski	Education; Literacy; CDC AIDS Grant; Child Abuse; AFB Scholarships and Internships. (Infants, Toddlers, Children and Youth).
Kathleen M. Huebner	Deaf-Blind and A-TOP Grants.

Requests for information specific to Low Vision should be referred to the National Program Associate by age category. For example if someone calls or visits about concern regarding a working or unemployed adult who is experiencing vision loss, you should direct the request to Mr. Miller; about chidren Dr. Pawelski; about elderly Ms. Orr.

If you have any questions, please do not hesitate to contact me. Thank you for your cooperation.

KMH:nr

MEMORANDUM

Sara's file

TO: ALL NATIONAL PROGRAM ASSOCIATES STAFF

FROM: KATHLEEN M. HUEBNER KMH

SUBJECT: TITLE CHANGE

DATE: JANUARY 14, 1992

==========

As Dr. Spungin stated in the most recent Program Service Unit Meeting the new title of "National Program Associate" is effective immediately. There are no discriptors to follow.

You explain your role by area and/or national AFB initiatives for which you have primary responsibilities. Please proceed to order your business cards. With the new phone system your phone numbers will not change when we re-organize offices.

KMH:nr

MEMORANDUM

Done

REVISION OF JANUARY 15, 1992 MEMO

TO: NATIONAL PROGRAM ASSOCIATES, DEAF-BLIND STAFF, SPUNGIN, LORENZO

FROM: KATHLEEN M. HUEBNER

SUBJECT: ABSENCE FROM AFB

DATE: JANUARY 15, 1992

==========

I will be away from AFB **January 24th through at least the 2nd week of February (21st).** During that time anything which requires my signature should be given to Sara Hernandez who will then determine which things might need to go to Susan J. Spungin for approval. Sara has my permission to sign off on things such as supply, vacation requests, bi weeklys, time sheets, and expense forms. Proposed itineraries must be signed by Susan.

KMH:nr

MEMO

TO: Gerald Miller

FROM: Elga Joffee

SUBJECT: Article Draft for Viewpoint Magazine

DATE: January 13, 1992

File Albrow

Thank you for requesting my input on your draft for "Training", a business and personnel oriented magazine. I have several comments listed below.

1. Using an anecdotal introduction is an excellent way to quickly engage the reader. You have succeeded. You may wish to focus the anecdote to lead the reader directly to ADA requirements that specifically address the needs of individuals with visual impairments.

2. You point out that creating barriers to participation is poor leadership practice, and that making training accessible for people with disabilities is more than good practice, it is required by ADA.

RE: training meetings, the ADA contains the following requirements:

a. providing auxiliary aides and services
b. providing a meeting facility that meets the accessibility requirements of Title III (Public Accommodations and Commercial Facilities), or provides "alternative methods" when barrier removal is not achieved.
c. making modifications of policy re: presentation strategies to assure access to information by all participants.

Addressing these points one by one as they pertain to your scenario would strengthen your piece and clarify how ADA requirements are related to your topic.

3. Some other points:

- Are you dealing with a topic that addresses access only as it relates to individuals with visual impairments who are ambulatory, or do you want to "cross disabilities", i.e., relate to individuals who use wheelchairs who may also have visual impairments, etc? Or, do you want to cover all disabilities? At any rate, raising the question of accessible parking spaces may be confusing, especially if this piece is submitted by an Associate of AFB. It may be easier writing at this point to try to focus your remarks on the ADA as it relates to individuals with visual impairments.

- ADA addresses removal of physical and communication barriers for individuals with visual impairments. Illumination requirements for rooms and spaces are not included in ADA's accessibility standards. The ADA does not prohibit measures that exceed its standards, recommendations for illumination would fit in this category. Our literature should distinguish AFB's opinions or individual conclusions from the requirements of the law.

- You can find information about ADA requirements for auxiliary aids and services, barrier free design, and alternative methods in the documents on ADA that Scott circulated in the sections covering Title III regulations and its appendix (indexed as ATBCB, buildings). Scott can also fill you in on some more details about the legal fine points.

cc: K. Huebner
S. Marshall

THE OHIO STATE UNIVERSITY

Center for Special Needs Populations

Ackerman Place, Suite 440
700 Ackerman Road
Columbus, OH 43202
Phone 614-447-0844

Donald P. Anderson
Dean

Thomas M. Stephens
Associate Dean and Director

Larry A. Magliocca
Associate Director

Kevin D. Arnold
Assistant Director

Chron
MEM file

January 9, 1992

Dr. Kathleen Hubner
Project Director
AFB-DB
15 West 16 Street
New York, NY 10011

Dear Kathleen:

As you may know, we are submitting an application for the National Information Clearinghouse on Deaf-Blindness (NIC_DB). One key component to successful dissemination will be coordinating with your project. We are requesting a letter from your project stating that you would be willing to coordinate if we are the successful application.

We have enclosed an abstract for your review. Since the application is due January 17, we are requesting that you fax your letter to us by January 15. Our fax number is 614-447-9043. If you have any questions, feel free to call me or Chuck Lynd at 614-447-0844.

Thank you for considering this request. I look forward to working together in the future.

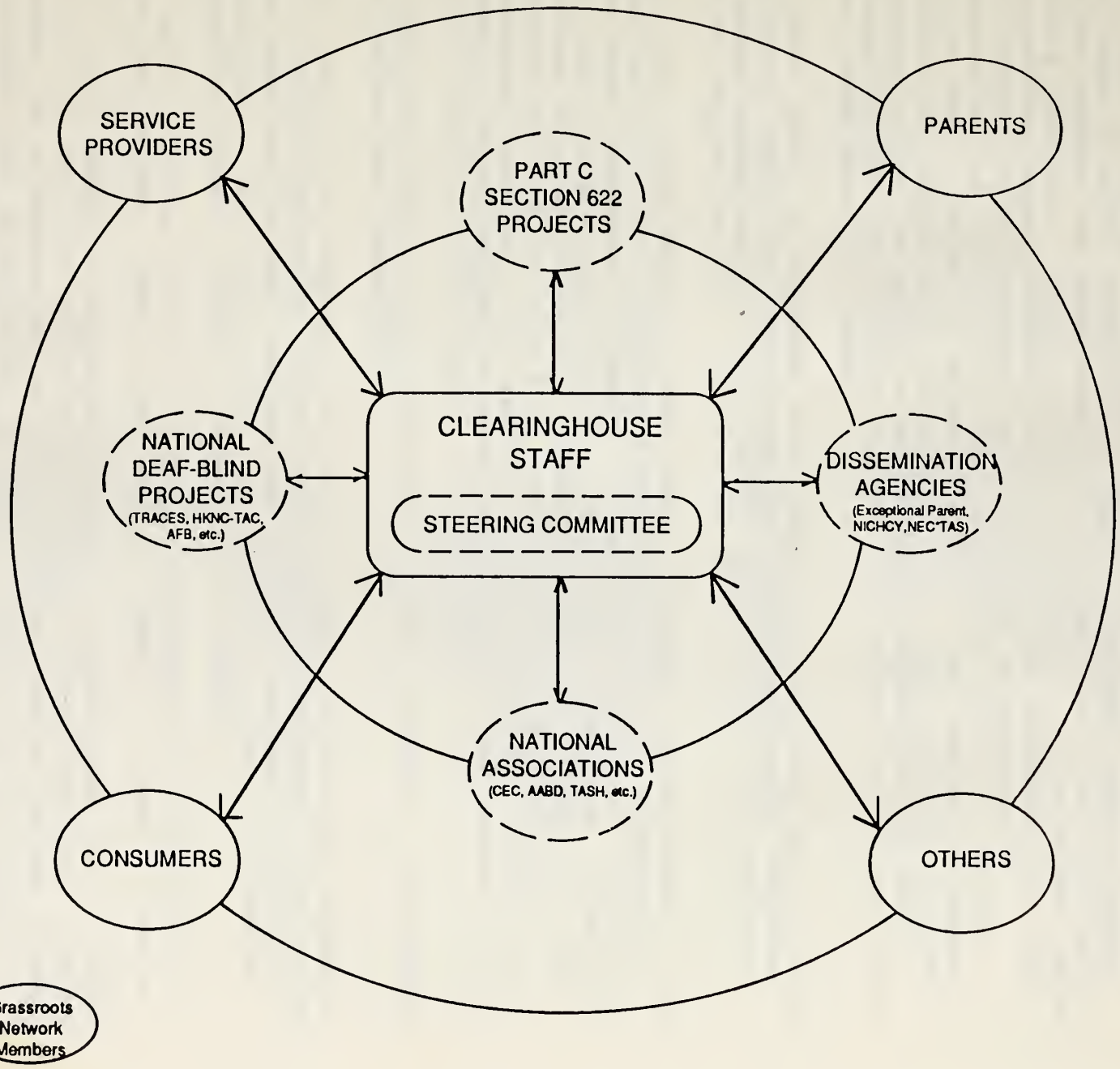
Sincerely,

Kevin D. Arnold, Ph.D.
Director
Great Lakes Area Regional Center for Deaf-Blind Education

/kr
Enclosure

Figure 1: A graphic description of the proposed Deaf-Blind Clearinghouse Consortium: State, National, and Classroom Network Members

Figure 1: Graphic description of the proposed Deaf-Blind Clearinghouse Consortium: State, National, and Grassroots Network Members.



PROJECT OVERVIEW

NATIONAL CLEARINGHOUSE FOR CHILDREN WITH DEAF-BLINDNESS

The Center for Special Needs Populations at The Ohio State University proposes to develop a national clearinghouse to meet the information needs of parents, service providers, and others involved in the education of children with dual sensory impairments. Because no single institution has all the expertise required to meet the complex information needs of parents and practitioners who work with children who are deaf-blind, we have organized a consortium of organizations and individuals who will collaborate to provide a grassroots network that will serve the deaf-blind community. Our approach incorporates a needs-driven, state-of-the-art information network and publications program designed to build the capacity of existing national organizations and Part C Section 622 state and multi-state projects. The following key features highlight our Clearinghouse (CH) proposal:

• *Annual survey of information needs* conducted in conjunction with a consortium of Part C Section 622 state and multi-state projects and national information resource organizations (AFB, HKNC, NICHCY, NECTAS, HEATH, CEC, Exceptional Parent Magazine, et al.)

The survey results obtained by each separate organization will be compiled by CH staff and shared with participating organizations to plan the development of field-based, needs-driven publications and information services. In addition, we will work with Consortium members to develop *joint publications* that will be produced and/or distributed on a collaborative basis. We anticipate that this approach will result in much wider dissemination of CH publications.at substantially lower costs. For example, CH staff will work with NICHCY and Exceptional Parent magazine to develop publications that reach parents; or with CEC's Division on Multihandicapped to reach teachers.

• *Grassroots network* of key parents and practitioners involved in the education of children with deaf-blindness.

The annual survey described above will also identify and profile key individuals for a database that will be used to match requestors with experts in the field who can share their first-hand experience and recommend solutions to problems encountered. Each network member will receive an honorarium for "technical assistance solutions" provided in response to CH requests.

• *Shared databases* that will be developed collaboratively and disseminated in print and electronic formats to help build the capacity of Consortium members.

The CH will develop a comprehensive database on deaf-blindness that will contain several key files: (1) Network Member Profiles, used for identifying field-based experts; (2) a Resource Directory of organizations, agencies, advocacy groups, periodicals, etc.; (3) Marketplace, a listing of materials, media, software, and technology recommended by network members; (4) BiblioFile, for references to books, articles, reports, etc.; and (5) Solutions, a compilation of technical assistance information provided by Network members in response to CH requests. To avoid unnecessary duplication, the database will draw upon existing files at OSU's Center for Special Needs Populations as well as other state and federally funded projects (AFB Curriculum Project, Center for Special Education

Technology, NICHCY, CEC/ERIC, Abledata, etc.) Each CH database file will include easy-to-use, search and retrieval software and will be disseminated upon request at no cost to encourage replication and use by other consortium members who provide information and referral services to the deaf-blind community.

• *News Service* that compiles and disseminates items of interest to the deaf-blind community in both print and electronic formats.

The News Service will receive information from CH Consortium member organizations as well as individual members of the grassroots network. Announcements of meetings, funding opportunities, press releases, interviews with experts in the field, and descriptions of best practices and technical assistance solutions from the grassroots network will be compiled by CH staff on an ongoing basis. The News Service will be made available to all Consortium members through computer networks (SpecialNet's Deaf-Blind Bulletin Board, CompuServe's Special Needs Forum, Bitnet's Discussion Lists) or regular electronic mail messages. CH staff will also prepare 1-page inserts and 2-page stand-alone newsletters in print formats that can be customized for dissemination by Consortium members. The intent will be to allow Consortium members to customize information suitable for their audience and to build their capacity to disseminate information of interest to the deaf-blind community.

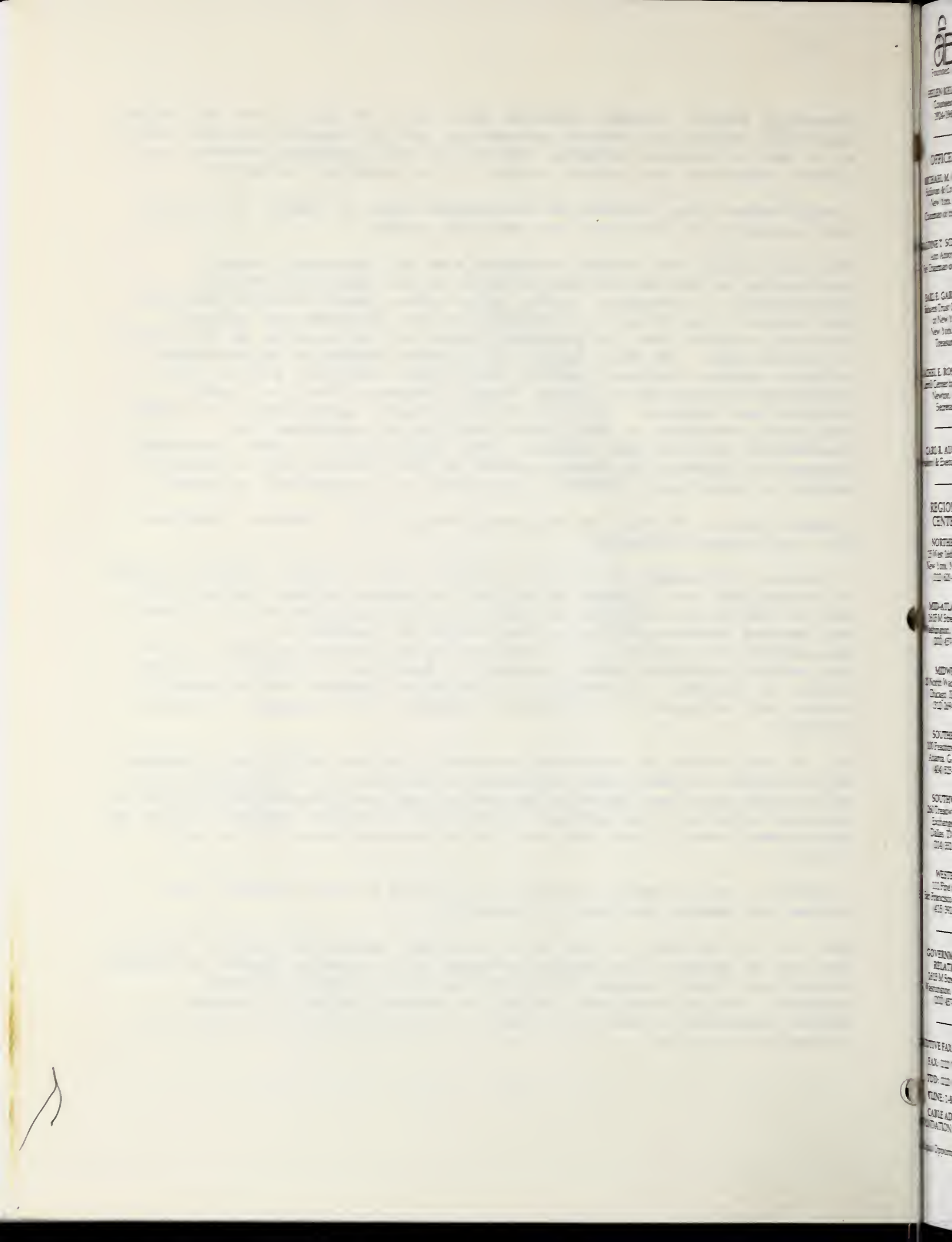
• *Easy Access to CH Staff and Information Resources* Via Toll-Free Telephone, FAX, and Computer Networks

A toll-free, 800 number will provide convenient access via the telephone network to knowledgeable staff members at the CH. A separate toll-free FAX line will also be installed to encourage sharing of recommended materials and information from Network members who do not have access to computers or telecommunication networks. For those who do use computer networks, the CH will establish electronic mailbox accounts on SpecialNet, CompuServe, and the Internet to encourage the submission of information requests and to provide to provide fast turnaround by sending CH responses to the requestor's electronic mailbox.

The CH will produce all information resources using the ASCII format (American Standard Code for Information Interchange), a standard that is compatible with all computer types and facilitates the transmission and dissemination of files via electronic networks. This approach ensures that publications developed by the CH will be easily read by users who are blind or otherwise unable to read print formats.

• *Formative and summative evaluation* will be used to help ensure that CH services are meeting the needs of requestors.

Each time the CH staff responds to an information request, an evaluation card or form will be included. The feedback obtained will be used to improve the services provided and, when indicated, to contact the requestor and renegotiate assistance. On an annual basis, the CH will conduct a survey of randomly selected requestors to assess the impact and usefulness of CH publications and information services.



Founded 1921

American Foundation for the Blind, Inc.

15 West 16th Street, New York, New York 10011 (212) 620-2000 Founded 1921

January 3, 1992

Ms. Denise L. Hummel, Esq.
3801 Victoria Drive
Mt. Kisco, NY 10549

Dear Ms. Hummel:

Thank you for your letter of December 13, 1991 regarding a possible position at the American Foundation for the Blind. At this time we have no available positions; however we will keep your letter and vita on file should anything become available that suits your impressive qualifications.

Sincerely,

Kathleen M. Huebner

Kathleen M. Huebner, Ph.D.
Director, National Consultants Department

KMH:sh

DENISE L. HUMMEL, ESQ.
3801 Victoria Drive
Mt. Kisco, New York 10549

RECEIVED
DEC 13 1991
K.M.H.

December 9, 1991

Dr. Kathleen M. Huebner, Director
American Foundation for the Blind, Inc.
15 West 16th Street
New York, New York 10011

Dear Dr. Huebner:

I am a hearing trial attorney and a partner of a New York law firm. For the past year, I have devoted my career to developing private legal services for the deaf community. I have been taking sign language courses since September of 1990 and communicate with my clients via sign language and TDD. I consider myself to have strong expertise regarding the Americans With Disabilities Act, which I am sure you are aware will come into full force and effect on January 26, 1992. My husband and I have also been raising and training guide dogs for Guiding Eyes of the Blind in Yorktown, New York for the past two years.

I have been quite successful in reaching the deaf community, and instrumental in promoting deaf awareness in the greater community and have decided to leave the firm in order to devote my efforts, in toto, to the rights of the disabled in whatever capacity I can.

I am writing to you to determine whether there is a place for my efforts within your organization. In addition to my abilities as an attorney, I have a very strong talent for marketing. I am ready, willing, and able to utilize these skills, in conjunction with my interest in promoting deaf awareness. I feel strongly enough about this endeavor to move to any area of the country where my skills can be utilized.

I have enclosed several articles regarding my efforts, as well as a curriculum vitae. I would be honored to receive a phone call or return correspondence to explore the possibilities mentioned above. I thank you in advance for your courtesy and cooperation and I look forward to hearing from you.

Sincerely,

Denise L. Hummel, Esq.

DENISE L. HUMMEL, ESQ.
3801 Victoria Drive
Mt. Kisco, New York 10549
(914) 241-8986

LEGAL EXPERIENCE

PIRROTTI & HUMMEL, Tarrytown, New York
Partner (June 1990 - present)
Senior Associate, ANTHONY J. PIRROTTI (June 1989 - June 1990)
Junior Associate, ANTHONY J. PIRROTTI (August 1988 - June 1989)

Litigation Overview: Extensive trial and appellate experience in the areas of personal injury, product liability, matrimonial and criminal law.

Trial and Appellate Highlights: Product liability involving broken stainless steel medical implant [Decision of the Day, N.Y. Law Journal, Mar. 1991]; matrimonial action including uncovering matrimonial funds through intercontinental accounts; age discrimination under the Age Discrimination in Employment Act; defamation and retaliatory termination involving president of nursing staff who "blew the whistle" on physician employer.

Strategic Highlights: Developed concept of a "Settlement Brochure" for use within the firm resulting in 90% settlement rate; developed trial preparation methodology for excellence in jury voir dire; significantly increased firm's ability to evaluate contingency fee cases for profitability.

Management: Manage staff of six; chose and implemented complete law office computer automation; developed overhead cost control strategy; created and implemented all present marketing strategy of the firm.

OVERSEAS EDUCATION ASSOCIATION, (OEA) London, England
UNISERV Director and General Counsel (Aug 1987 - Aug 1988)
Labor relations attorney representing the Association during negotiations and hearings between the OEA and the United States Department of Defense Dependents Schools in various military installations throughout Europe, Cuba, and Bermuda, utilizing both United States federal law and military regulations.

INTERNATIONAL TELECOMMUNICATIONS SATELLITE ORGANIZATION, Washington D.C.
Legal Assistant to the Director General (Summer 1985)
Extensive legal research and writing regarding anti-trust suits and the privileges and immunities of international organizations, exemption of international organizations from customs duties and taxes, criticisms of international organizations in the areas of space, telecommunications and law of the sea.

CONGRESS OF THE UNITED STATES, U.S. HOUSE OF REPRESENTATIVES, Washington D.C.
Law Clerk To The Committee On House Administration (Summer 1985)
Authored draft committee report to accompany House Resolution #229 pertaining to a contested election in the House; Analyzed constitutional issues of equal opportunity legislation and prepared congressional witnesses for civil rights hearings.

EDUCATION

AMERICAN UNIVERSITY, Washington College of Law, Washington, D.C.
Juris Doctor, May 1987
Dean's Fellowships: Criminal Justice Clinic;
Rights of Institutionalized Persons

COLUMBIA UNIVERSITY, Barnard College, New York, New York
Bachelor of Arts, Psychology, May 1983

BAR ADMISSIONS

Colorado:	1991		
New York:	1989		
		Districts:	So., N., W., and E.; (District Court and Court of Appeals)
		Depts:	1st, 2nd, 3rd; (Supreme Court and Appellate Division)
Connecticut:	1987		

PUBLICATIONS

National Law Journal, "A Firm That Wants to Reach Out and Touch Everyone," Nov. 1991
Nursing Spectrum, "Sexual Harassment: How To Recognize It And What To Do About It," Nov. 1991
Voice: Speaking Out On Hearing Health, "Hernandez v. New York: What are its implications?," Oct. 1991
Women's News Magazine, "Gender Bias in the Courts," March 1991
Communications and the Law, "The Global Communications Cooperative: Is the U.S. Cooperating?," Feb. 1987

PRESS

National Law Journal, "The First Full Service Law Firm for the Deaf," Nov. 1991
Daily News, "Hearing Impaired Find Help in Tarrytown Law Firm," Nov. 1991
Gannett Newspaper, "Abrams Sees Support for Bias Bill," July 1991
New York Law Journal, "Decision of the Day: Warnings of Risk in Use of Medical Device," Mar., 1991
Womans News, "Learn Your Rights: Women and the Law," Oct. 1990

SPEAKING ENGAGEMENTS

"Americans With Disabilities Act: Emancipation Proclamation of the Disabled" Westchester Independent Living Center, Inc., Nov. 1991
"How to Survive the Legal Process of Divorce," Legal Awareness of Westchester, Sept. 1991
"Techniques in Jury Selection," WWBA Litigation Committee, April 1991
"Age and Gender Discrimination: Relief in the Federal Courts," Pace University, March 1991
"Presentation Skills Seminar," Pace Law School, Feb. 1991
"Surviving a Divorce or Separation: An Analysis of Equitable Distribution and Child Support in the 1990's," Tarrytown, New York, Nov. 1990
"Women and the Law: Confronting Issues of the 1990's," Mercy College Forum for Women, Oct. 1990

BAR ASSOCIATION APPOINTMENTS

Chair, Mentoring Committee, Westchester County Bar Association. Appointed by Ralph Nobile, President (March 1991 - present)

Member, Ninth Judicial District Committee on Women in the Courts. Appointed by the Hon. Sondra Miller, Associate Justice, Appellate Division. (Jan. 1991 - present)

Recent Past Chair, Westchester Womens Bar Association, Gender Dynamics Committee. Appointed by Marianne Sussman, President (Dec. 1989 - June 1991)

Member, Westchester Bar Association, Professional Economics Committee. Appointed by Ralph Nobile, President. [Subchapter of the Westchester County Grievance Committee. Members decide Attorney-Client fee disputes.]

SKILLS and PUBLIC INTERESTS

Italian, conversational; LEXIS, expert

Guide Dog Trainer, Volunteer, Guiding Eyes for the Blind, (May 1990 - present)

Student, American Sign Language, New York School for the Deaf, (February 1991 - present)

THE NATIONAL
LAW JOURNAL
The Weekly Newspaper for the Profession

VOL. 14—NO. 11 PRICE $2.00 MONDAY, NOVEMBER 18, 1991

A Firm That Wants to Reach Out and Touch *Everyone*

COMMUNICATING IN the '90s can be tough — especially if you're hearing-impaired. That is one of the reasons Pirrotti & Hummel of Tarrytown, N.Y., initiated a program during the past year designed to serve hearing-impaired clients. Its staff of five are enrolled as students of sign language at the New York School for the Deaf.

Junior partner **Denise L. Hummel** says the program is a result of her interest in the combination of language and creativity. "It's a way to satisfy the altruistic part of me, and at the same time I'm marketing and presenting legal services to a group that has never been really satisfied," Ms. Hummel explains.

The firm has a telecommunication device for the deaf with which hearing- and speech-impaired people can communicate via telephone and keyboard. The firm currently has five hearing-impaired clients.

The most difficult aspect of a practice such as this, Ms. Hummel notes, is that sign language is not easy.

"The advantage is that it enforces the trust issue" between the litigator and her clients, Ms. Hummel says. And, she adds, "It is the most rejuvenating thing I have done in terms of my practice."

Taras Denis, assistant to the headmaster and teacher of sign language at the New York School for the Deaf, who is hearing-impaired, says, "We have not been able to do this before.

"Thanks to Denise, we are now able to get legal assistance from someone we know who cares and wants to help us," Mr. Taras says.

"In the past. . . county-appointed persons have not been very interested in helping us and [were] making decisions that were not really ours at all because of poor communication, poor understanding of our subculture background, etc.," Mr. Denis says, "whereas Ms. Hummel is trying to study our needs and understand us more."

— *Debra Carr*

COMMUNICATING: The attorneys and support staff of Pirrotti & Hummel in Tarrytown, N.Y., have been learning sign language to enable them to communicate with hearing-impaired clients. Faith Cannon, left, demonstrates the process to attorneys Denise Hummel, Anthony Pirrotti and Tracey Lombino.

THE VOICE Oct. Nov. 1991

SPEAKING OUT ON HEARING HEALTH

Supreme Court Decision:

What are its implications?

Denise L. Hummel, Esq.

A recent United States Supreme Court decision, Hernandez v. New York, *decided May 28, 1991, has caused some concern regarding its possible impact upon the deaf community. The issue decided relates to the use of peremptory challenges in the jury selection process.*

The peremptory challenge is a tool utilized by attorneys to strike potential jurors for reasons other than the juror's bias or inability to sit fairly on a particular case. In *Hernandez*, the Supreme Court, in an opinion by Justice Kennedy, joined by The Chief Justice, Justice White, and Justice Souter, announced that a prosecutor had the right to utilize his peremptory challenges to exclude two Hispanic jurors.

In an apparent attempt to skirt the prohibition against excluding jurors on the basis of race, the prosecutor offered, as a reason for the exclusion, the fact that the potential jurors had "hesitated" when they were asked whether they would be willing to accept the Spanish-to-English interpreter as the final arbiter of testimony.

The Court held that the prosecutor's use of his peremptory challenge was not discriminatory and did not violate the equal protection clause of the Constitution. Rather, the Court held that the prosecutor had offered a race-neutral basis for challenging Hispanic potential jurors.

While it may be that the prosecutor's reasoning as disclosed to the Court was, in fact, bona fide, *the opinion has strong implications for the future of minority jurors.* The opinion, contrary to recent case law, gives an attorney a way to utilize peremptory challenges in a discriminatory fashion by using an excuse that the Court has interpreted race-neutral.

I believe that the decision has implications for the deaf community as well. In *Hernandez*, the prosecutor was not convinced that a prospective juror would pay attention to an interpreter, rather than utilizing his knowledge of a Spanish-speaking witness. Could the same potentially be said of a deaf juror who was both able to understand sign language and read lips?

"This argument is clearly subject to abuse as it relates to ...the non-hearing juror and/or litigant."

Perhaps there is little concern since a non-hearing person must look at a sign interpreter or the witness, but not both, while a Spanish-speaking individual could listen to both the Spanish and English translation.

The fact remains, however, that by utilizing a *Hernandez* argument, *an attorney could potentially exclude a non-hearing juror* on the basis that the juror hesitated in answering a question as to whether the juror would agree to use the sign interpreter as the final arbiter of the testimony given. Implications are even greater if one of the litigants are non-hearing, since an adversary might wish to exclude a non-hearing juror on the basis of a potential "common bond."

***

This argument is clearly subject to abuse as it relates to both minorities and in the unique situation of the non-hearing juror and/or litigant.

The decision seems to fly in the face of a landmark decision, *Batson v. Kentucky*, which promoted the fairness and equal protection in the jury selection process that we all hope to enjoy as part of the legal system.

LAW

Law Firm Employees Learning Sign Language

A New York law firm, Pirrotti & Hummel, recently has taken on a task few professional offices ever attempt. The attorneys and support staff of the Tarrytown law firm are enrolled as students of sign language at the New York School for the Deaf in White Plains. They plan to use their newly acquired skill to communicate with their hearing-impaired clients.

"We like to think of ourselves as Westchester's first full service law firm for the hearing impaired," said Denise Hummel, the partner who developed the concept.

The initial impetus behind the idea was Hummel's interest in the study of sign language. "I have always been fascinated by the creativity and physical dexterity associated with this method of communication," she said. As time passed, however, the idea assumed a much greater significance. "I can't describe the feeling of being a liaison between my non-hearing clients and a hearing legal environment. Often I feel that I have been instrumental in helping a client to succeed, who, without me, may not have had a voice."

Taras Denis, assistant to the headmaster and teacher of sign language at the New York School for the Deaf, is excited by the efforts made by Pirrotti & Hummel on behalf of the deaf community.

"The importance of an entire legal staff learning sign language cannot be underestimated," said Denis. "It's one thing for an attorney to have a working knowledge of sign language; it's quite another for the whole staff to participate. It creates a climate of understanding and trust that is difficult to obtain."

Faith Cannon, a hearing-impaired resident of Tarrytown, volunteered to meet with Hummel once a week to supplement Hummel's sign language classes. "Pirrotti & Hummel has a TDD," said Cannon. "It is an invaluable link to the outside world. If a hearing-impaired person can't contact her attorney by any means other than in person, it becomes quite frustrating."

Anthony Pirrotti, senior partner, expressed his enthusiasm for his staff's efforts. "It makes us feel important to know that we're learning a skill that few hearing professionals acquire. After all, how many attorneys do you know who practice sign language during their lunch hour?"

Although it's a challenge to learn a complicated language while practicing law, Hummel's staff feels strongly that striving to maintain their reputation as a strong litigation firm is not enough.

"In order to serve the entire community," said Hummel, "we have to be able to serve our hearing-impaired clients by effectively communicating with them regarding very serious and sensitive issues.

"We intend to do whatever it takes to accomplish that."

THE DAILY NEWS

NOVEMBER 9, 1992

Hearing-impaired clients find help at Tarrytown law firm

By Virginia Breen
Staff Writer

When the secretaries at Pirrotti & Hummel law firm in Tarrytown pick up a ringing phone and no one answers, they never hang up.

Instead, they cradle the receiver on a device that looks like a child's typewriter, and a message from the hearing-impaired client on the other end flashes across the screen.

Welcome to the only full-service private law firm for the deaf in Westchester County, where hearing lawyers and support staff alike use the TDD (Telecommunications Device for the Deaf) as well as sign language to communicate with clients. While courts are required to provide interpreters for the roughly 22 million Americans with hearing disabilities, advocates for the handicapped say the firm's existence attests to a growing mainstream acceptance of the deaf.

"We are always asking for help from the government," said Taras Denis, assistant to the headmaster at the New York School for the Deaf in White Plains, speaking through a TDD. "But now the private sector. Great. Means better and more independent services and much more freedom for the deaf. Government helps, strings attached. Private, that is what makes America."

Denise Hummel, junior partner at the firm, introduced the idea to her colleagues last year.

"I originally became a lawyer to effect social change," Hummel said, "and I found that after making money for the clients and making money for the firm, there was very little left over. This sounds really corny, but I always wanted to make the world a little bit better."

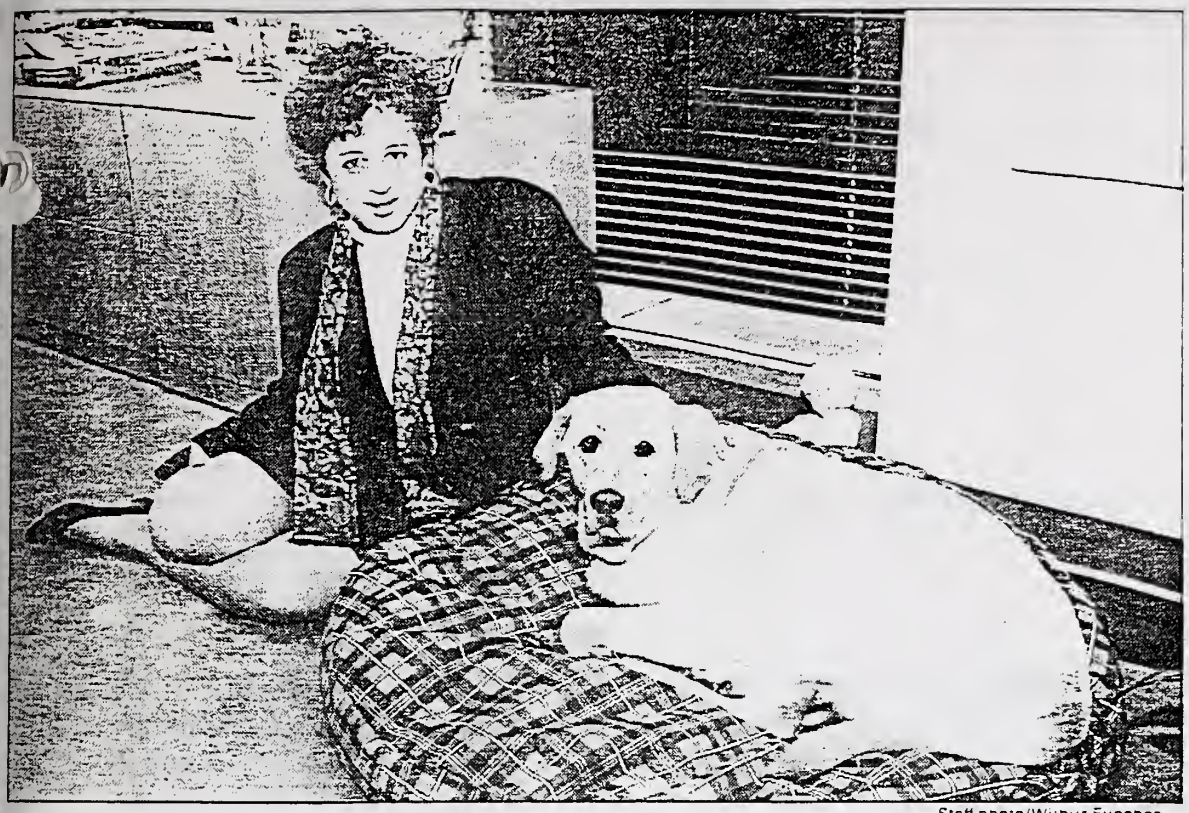
Intrigued by the manual dexterity and creativity of sign language, Hummel began taking classes at the New York School for the Deaf. Faith Cannon, a deaf Tarrytown resident, also volunteered to tutor Hummel at least once a week.

Hummel then offered to pay the $100 tuition fee for anyone on the staff who enrolled in signing classes and earned at least a B−.

"They all jumped at the opportunity," she said. Four of the six employees now sign.

THE REPORTER DISPATCH
NOVEMBER 16, 1991
©GANNETT SUBURBAN NEWSPAPERS

A DOG'S BEST FRIEND



Staff photo/Wilbur Funches

Denise Hummel appears with her dog, Inga, at the law offices of Pirotti & Hummel in Tarrytown.

Hummel family trains guide dogs

By Virginia Breen
Staff Writer

A rawhide chew toy lay near the Xerox machine in a Tarrytown law firm earlier this week. Inside a lawyer's office, Inga, a pregnant yellow Labrador retriever, lounged on a tartan dog bed.

"We've found that she really enhances the attorney-client relationship," said Denise Hummel, a partner in Pirotti & Hummel on South Broadway who cares for the dog. "She makes people more relaxed."

The Hummels, a family of seeing people, train the dogs. Going to the office is part of the dog's training. It gives the animal a chance to learn how to behave in all kinds of environments.

But Inga has a much more important job than just putting clients at ease.

A breeder for Guiding Eyes for the Blind, the Lab will give birth to a litter of future guide dogs in about two weeks. Her pups, along with roughly 400 others along the East Coast, will be trained and placed with sight-impaired people from around the globe.

A dozen blind Westchester residents now use the animals.

> "It was like losing a child. The first time you don't internalize the fact that the dog is not really yours."
>
> — Denise Hummel

the 19-month-old dog remained nonplussed — a character trait that earned her the position in the first place.

"Because of Inga's sound, gentle temperament, she was selected for our brood colony," said Jean Shepard, area coordinator for the non-profit organization in Westchester, Putnam and Rockland counties.

Jane Russenberger, director of Guiding Eyes' breeding program, said Labrador retrievers most consistently exhibited the intellect, long attention span, obedience and social skills required of guide dogs.

The organization also looks for certain traits in the volunteers who train puppies and harbor broods.

Hummel and her husband, Steven Hummel, were selected to house Inga after demonstrat-

in training a black Labrador puppy named O'Diane last year.

"Steve got up every morning at 5 a.m. to go through the exercises with her," Denise Hummel said.

During the puppy's one-year stay, the couple introduced her to trains, buses, shopping malls and parks to make her comfortable with various environments through which she might lead a blind master. O'Diane left the Hummel home late this spring to begin a minimum 12-week training course at the Guiding Eyes training facility in Yorktown Heights.

"It was like losing a child," Denise Hummel said. "The first time you don't internalize the fact that the dog is not really yours."

With Inga, the Hummels won't have to go through the pain of separation. For the next seven or so years, Russenberger said, the Hummels will assist in the delivery of roughly one litter a year.

"The pay-back is huge," Russenberger said. "The foster families get the satisfaction of knowing that these wonderful puppies would never have been

ERICAN FOUNDATION FOR THE BLIND, INC. 15 WEST 16TH STREET, NEW YORK, N.Y. 10011

Inter-Office Correspondence

MEMORANDUM

TO: Elga Joffee

FROM: Kathleen M. Huebner DATE: January 3, 1992

SUBJECT: Congratulations

I just read your ANSI Field Report. Very impressive! Congratulations on being appointed the ANSI membership Task Force Chairperson. This appointment clearly demonstrates your leadership skills. I realize that the ANSI meetings are stressful and critical to policy development. Through your involvement, as well as Scott's, AFB is exercising its leadership role as change agent. The summary of AFB's participation in the passage of standards specifically addressing the needs of individuals who are blind/visually impaired is impressive.

Well done!

KMH:sh

cc: Carl R. Augusto
Susan J. Spungin
Scott Marshall

ERICAN FOUNDATION FOR THE BLIND, INC. 15 WEST 16TH STREET, NEW YORK, N.Y. 10011

Inter-Office Correspondence

MEMORANDUM

TO: Chris Pawelski

FROM: Kathleen M. Huebner DATE: January 3, 1992

SUBJECT: NCAD Newsletter

Chris, thanks for your memo and copy of your Coalition newsletter. It is terrific and full of information in a quick and easy to read format. Well done!

KMH:sh

Founded 1921

HELEN KELLER
Counselor
1924-1968

OFFICERS

MICHAEL M. MANEY
Sullivan & Cromwell
New York, NY
Chairman of the Board

ALDINE T. SCHOLL, PH.D.
Ann Arbor, MI
Vice Chairman of the Board

CARL E. GARRIS, JR.
Bankers Trust Company
of New York
New York, NY
Treasurer

MICHEL E. ROSENBAUM
Perkins School for the Blind
Newton, MA
Secretary

CARL R. AUGUSTO
President & Executive Director

REGIONAL CENTERS

NORTHEAST
15 West 16th Street
New York, NY 10011
(212) 620-2037

MID-ATLANTIC
1615 M Street, NW
Washington, DC 20036
(202) 457-1487

MIDWEST
20 North Wacker Drive
Chicago, IL 60606
(312) 269-0095

SOUTHEAST
100 Peachtree Street
Atlanta, GA 30303
(404) 525-2303

SOUTHWEST
260 Treadway Plaza
Exchange Park
Dallas, TX 75235
(214) 352-7222

WESTERN
111 Pine Street
San Francisco, CA 94111
(415) 392-4845

GOVERNMENTAL RELATIONS
1615 M Street, NW
Washington, DC 20036
(202) 457-1487

EXECUTIVE FAX: (212) 727-1279
FAX: (212) 727-7418
TDD: (212) 620-2158
HOTLINE: 1-800-232-5463
CABLE ADDRESS:
FOUNDATION, NEW YORK

Equal Opportunity Employer

American Foundation for the Blind, Inc.

15 West 16th Street, New York, New York 10011 (212) 620-2000 Founded 1921

Akron

December 23, 1991

Ms. M. Cay Holbrook, Ph.D.
Assistant Professor
University of Arkansas
2108 South University
Little Rock, AR 72204

Dear Cay:

You are wonderful! Thanks so much for your thoughtful offer to share a grant idea with us. I very much appreciate your support during these difficult times.

Although personnel shortages are among the fields most pressing needs, we are taking a back seat to other major organizations in this effort. Your grant proposal is an innovative one which we want to support but not undertake. Please let us know how we can support you in securing a grant for your project. Kathy Huebner will be in touch after the first of the New Year. Meanwhile, thanks so much for thinking of AFB. Your personal support means a lot to me and AFB Staff.

Sincerely,

Carl R. Augusto

Carl R. Augusto
President & Executive Director

CRA:lb

RECEIVED
DEC
K.M.H.

RECEIVED
DEC 2
K.M.H.

close
letter of support
for SSS
by

Founded 1921

HELEN KELLER
Counselor
1924-1968

OFFICERS

MICHAEL M. MANEY
Sullivan & Cromwell
New York, NY
Chairman of the Board

ALDINE T. SCHOLL, PH.D.
Ann Arbor, MI
ce Chairman of the Board

EARL E. GARRIS, JR.
Bankers Trust Company
of New York
New York, NY
Treasurer

ACHEL E. ROSENBAUM
arroll Center for the Blind
Newton, MA
Secretary

CARL R. AUGUSTO
sident & Executive Director

REGIONAL CENTERS

NORTHEAST
15 West 16th Street
New York, NY 10011
(212) 620-2037

MID-ATLANTIC
1615 M Street, NW
Washington, DC 20036
(202) 457-1487

MIDWEST
20 North Wacker Drive
Chicago, IL 60606
(312) 269-0095

SOUTHEAST
100 Peachtree Street
Atlanta, GA 30303
(404) 525-2303

SOUTHWEST
260 Treadway Plaza
Exchange Park
Dallas, TX 75235
(214) 352-7222

WESTERN
111 Pine Street
San Francisco, CA 94111
(415) 392-4845

GOVERNMENTAL RELATIONS
1615 M Street, NW
Washington, DC 20036
(202) 457-1487

CUTIVE FAX: (212) 727-1279
FAX: (212) 727-7418
TDD: (212) 620-2158
OTLINE: 1-800-232-5463
CABLE ADDRESS:
OUNDATION, NEW YORK

Equal Opportunity Employer

American Foundation for the Blind, Inc.

15 West 16th Street, New York, New York 10011 (212) 620-2000 Founded 1921

December 19, 1991

Betty and Joe Dominguez
New Mexico Preschool
for the Visually Handicapped
230 Truman, N.E.
Albuquerque, NM 87108-1371

Dear Betty and Joe:

I wish I could be with you in person to give you both a great big New Mexico hug! Congratulations on Building Blocks. It is WONDERFUL. It represents a great deal of hard work, not only in the preparation of the book, but the many years of experience and love you have shared with your students. The book is rich with information, the format friendly, and the pictures demonstrate the reality of your mission. Please share my enthusiasm and congratulations to all involved.

My love to Jolene, Deborah, and Lynn. May you all have a wonderful holiday and New Year.

Sincerely,

Kathleen M. Huebner, Ph.D.
Director, National Consultants Department

KMH:sh

cc: Jerry Watkins

ERICAN FOUNDATION FOR THE BLIND, INC. 15 WEST 16TH STREET, NEW YORK, N.Y. 10011

Inter-Office Correspondence

MEMORANDUM

TO: All National Consultants

FROM: Kathleen M. Huebner DATE: December 18, 1991

SUBJECT: Annual Plans and Budget

Since our staff meeting on Monday, December 16, 1991, I received a memo from Walt Decker instructing departments to cut travel and seminar/conferences by 33%; also that AFB funded scholarships will not be offered.

Therefore, please adjust your travel lines so they do: not exceed $6,000.00 per individual; and, not to exceed $600.00 for seminar/conferences.

Thank you.

KMH:sh

ERICAN FOUNDATION FOR THE BLIND, INC. 15 WEST 16TH STREET, NEW YORK, N.Y. 10011

Inter-Office Correspondence

MEMORANDUM

TO: Department Staff

FROM: Kathleen M. Huebner DATE: December 17, 1991

SUBJECT: NC Department Staff Meeting

The next Department Staff Meeting is scheduled for January 22, 1992 in the Anne Sullivan Macy Room.

If there are items you wish to add to the agenda, please let me know, as soon as possible.

Thank you.

KMH:sh

cc: Carl R. Augusto
Susan J. Spungin
Eileen Ortiz

A NOTE .....

from Chris Pawelski
National Education Consultant
AFB/Ext. 2043

December 13, 1991

TO: Kathy Huebner
FROM: Chris Pawelski

RE: Visitors for Pawelski the week of 12/16/91

RECEIVED
DEC 13 1991
K.M.H.

Greetings! A couple of colleagues are stopping by to meet with me on some issues next week....for your information:

Debra Hamilton....Oregon, who is working with Kay on one of the early childhood sites for her project;
Meeting on some early childhood issues/resources
Monday, December 16, 1991

Michael Crocker....Director of Training at Margaret Chapman School in New York who will be meeting with me on plans for the International Congress on Child Abuse and Neglect, where the Coalition on Abuse and Disabilities will be holding its next meeting (9/92 in Chicago). Abstracts for Congress are due January 31, 1992.
Friday, December 20, 1991 (early morning: 8:00 a.m.)

Thanks!

cc: Spungin
Agusto
Annette

RICAN FOUNDATION FOR THE BLIND, INC. 15 WEST 16TH STREET, NEW YORK, N.Y. 10011

Inter-Office Correspondence

MEMORANDUM

TO: All Directors

FROM: Kathleen M. Huebner DATE: December 12, 1991

SUBJECT: Status of Ms. Elga Joffee

In Mr. Augusto's memorandum to the Board, he stated that three National Consultant's positions had been eliminated, namely Low Vision, Rehabilitation Teaching, and Orientation and Mobility. Ms. Luxton was the National Rehabilitation Teaching Consultant and Ms. Piqueras was the National Low Vision Consultant. They are no longer with AFB. Ms. Joffee on the other hand remains on staff with her primary responsibilities being related to the ADA and Deaf-Blind Initiatives. She will no longer be responsible for National Orientation and Mobility Consultant activities.

The National Consultants Department staff are in the process of exploring new titles for both the department and the professionals which work within it. The primary responsibility of the staff in the department will be related to the AFB's identified initiatives and effecting positive change at a national level.

I hope this clarifies any confusion that may exist. Please share this memo with your staff.

Thank you.

KMH:sh

cc: Carl R. Augusto
Susan J. Spungin
Walt L. Decker

ERICAN FOUNDATION FOR THE BLIND, INC. 15 WEST 16TH STREET, NEW YORK, N.Y. 10011

Inter-Office Correspondence

MEMORANDUM

TO: All Members of the National Consultants Department

FROM: Kathleen M. Huebner DATE: December 11, 1991

SUBJECT: Distribution of the Consumer Products Catalog

Whenever possible, please refer requests for the Consumer Products Catalog, to the AFB Product Center in Dover, Maryland at (1-800-829-0500). You may also take the name, address, and phone number from those requesting catalogs and place the order yourself, if you prefer.

CPD is trying to maintain a data base, so it is **important** that catalog requests be noted there, rather than us just sending them out. You can also include the contact information in written communication.

Distribution of the catalog through our mailings should be, therefore, at a minimum.

Thank you.

KMH:sh

cc: Rafer S. Johnson
Susan J. Spungin
Elliott Schreier
Walt Decker

In the past you have been invited to, and indeed may have participated in one or more of, AFB's Josephine L. Taylor Leadership Institutes. As you may recall, these Institutes were established in 1986 for the purpose of improving the quality of programs and services to blind and visually handicapped children and adults. They were designed to provide a forum in which leaders, such as yourself, would have the opportunity to increase awareness of student and/or client needs, expand knowledge, refine leadership skills, and share common concerns and innovative strategies for positive change. Topics addressed over the years have included: outreach strategies and commitment to excellence; values clarification and strategic planning; human influence and marketing strategies; challenges for leadership in the present and future; the moral dilemmas we face regarding fund raising and service decision making; and advocacy training.

This year, like many non-profit organizations today, the American Foundation for the Blind (AFB) is experiencing fiscal problems, etc.

DRAFT 12/10/91

Dear Colleague:

Like many non-profit organizations today, the American Foundation for the Blind (AFB) is experiencing fiscal problems. In recent weeks, we have had to take serious steps to improve the situation. Unfortunately, we implemented organizational and staff changes that will a have a short-term impact on AFB's programs and services. To address this situation, AFB has accelerated its fund rasing efforts, increased our volunteer activity nationwide, and enacted cost cutting measures internally. It was indeed a very difficult decision to make, however, the AFB Board of Trustees and I are committed to AFB's long-term fiscal stability that will enable us to rebuild and strengthen our vital programs and services.

I am writing to you today in hopes of soliciting your financial support in one of the greatest challenges AFB has faced in its 70-year history. Over the years, we have worked together to improve the quality of life for blind persons of all ages. I am confident that together we can face this fiscal challenge and forge ahead with a strengthened commitment to our programs, services and advocacy efforts.

Looking back at the history of AFB, it is interesting to note that we were formed in response to professionals in the field. It was at the initiative of two organizations, AAWB (The American Association of Workers for the Blind) and AAIB (American Association of Instructors of the Blind), that AFB was formed. We were established as a new kind of national organization that

would be able to meet the needs of blind persons and professionals in the field in a coordinated and systematic way.

As a professional, you are well aware of the impact that AFB has had and continues to have on your day-to-day functioning. However, you may not realize the extensiveness of AFB's influence on a variety of other segments in the field.

For example, did you know that . . . . .

- AFB's Research Practice Seminars were sponsored almost 12 times a year at no cost to those attending.
- Through the AFB Information Network, hundreds of professionals nationwide receive up-to-the-minute information on legislation and regulations at no cost.
- Over the years, AFB has contributed literally millions of dollars to blindness agencies, schools and professional organizations in the field.
- The Helen Keller Archives have been available ~~for use~~ need by professionals and scholars at no charge.
- Studies and surveys conducted by AFB's social research staff, are used as the definitive data in the field and are most often totally paid for by AFB.
- The ~~registration fees for the~~ Josephine Taylor Leadership Institute and the Helen Keller Seminar have been heavily subsidized by AFB ~~only cover about one-half of all the expenses related to these conferences~~.
- We publish and sell the Journal of Visual Impairment and Blindness in braille at the same cost as the print version, although it is roughly twenty times more expensive to

produce.

•The M.C. Migel Library will not only develop a bibliography on any topic on blindness at no cost, but also fills over 50,000 requests for information yearly.

•Blind persons using adaptive technology are put in touch with other blind persons of similar backgrounds through the CTIB at no cost to either participants.

•AFB's National Technology Center reviews and evaluates the most popular adaptive technologies and distributes its findings free of charge.

•AFB's textbooks and publications for university professionals preparation programs have been produced and sold at no profit over the years.

I could expand upon the list, for indeed AFB has been a driving force in the field of blindness throughout its history. Not only have our programs and services played a critical role in the careers of professionals, but perhaps more importantly upon the lives of blind persons themselves. From the establishment of the Talking Book program in the early 30s, to the passage of the Randolph Sheppard Act, to the development of technological devices, AFB has had an impact on almost every blind and visually impaired person in the country.

I hope that you will take this opportunity to give to AFB whatever you deem appropriate. Our future is dependent upon your support at this critical juncture in our long and illustrious history. Together, we can and will continue to make a positive

• AFB has been active and often successful in its advocacy efforts in the areas of legislation, federal agency initiatives, priorities and funding allocations, and program development

impact on the lives of blind and visually impaired persons nationwide.

Enclosed you will find a business reply envelope for your convenience. Of course, any level of contribution is fully tax-deductible. On behalf of all of us at AFB, I thank you for your past support and for considering this urgent appeal.

Sincerely,

Carl R. Augusto
President and Executive Director

CRA:dmw
Enclosures

ERICAN FOUNDATION FOR THE BLIND, INC. 15 WEST 16TH STREET, NEW YORK, N.Y. 10011

Inter-Office Correspondence

MEMORANDUM

TO: National Consultants Department

FROM: Kathleen M. Huebner DATE: December 9, 1991

SUBJECT: Reiteration of Rationale for Elimination of Positions

Attached are the six points of rationale which Mr. Augusto discussed at his general staff meeting. When calls for Leslye or Lynne or low vision or rehabilitation teaching services come in, please get as much information as possible and direct them as previously discussed. Leslye requested that people calling in specifically for her be told that "she is no longer at AFB"; Lynne requested that people be told that her position was eliminated. If it is not apparent as to whom calls should be directed, send them to me. Until the phones are changed, Gina please call forward Leslye's lines to your phone and Nora, please call forward Lynne's lines to yours.

Thank you all for your continued cooperation and hard work.

KMH:sh

Attachment

WHAT WAS BEHIND AFB'S DECISION TO ELIMINATE 35 POSITIONS THIS WEEK?

- This action was taken as a result of a very serious financial situation. AFB's deficits in the last four years have exceeded $9 million with a deficit in Fiscal Year 1991 alone of over $4.2 million. AFB's portfolio has lost 1/3 of its value in the last four years. The problem is not with expenses, but with income and revenue which have not kept pace with inflation.

- The financial picture has worsened over the course of time with this year's deficit in the first four months of the fiscal year already exceeding $1 million.

- This action was taken to address AFB's most pressing goal in its Strategic Plan - to achieve financial stability. The other major goals of the Strategic Plan may be farther away from achievement as a result of our need to address the most significant goal.

- Our intent was not to reduce services; but in reality, that is the outcome of this action.

- This action was taken only when it became clear that other actions would not achieve the same financial result.

- We hope that our expanding Development activities and other cost saving measures will help to improve the financial situation. As it stands now, we do not anticipate the need to make similar such cuts, but recognize that the financial situation for non-profit's in general is a precarious one.

National Consultants Department Staff Meeting

MINUTES
December 9, 1991
8:30 - 9:30 AM
Anne Sullivan Macy Room

Present: Kathleen M. Huebner, Christine Pawelski, Gerald Miller, Elga Joffee, and Susan J. Spungin

Absent: Alberta L. Orr

This was the first National Consultants Department staff meeting since the December, 1991 downsizing of AFB.

- Jerry Miller was welcomed to the Department as the National Employment Consultant. He will continue to monitor federal grant opportunities and collect information on a quarterly basis. Staff needs to let him know of areas of interest for potential grants, continuation, etc.

- Secretarial assignment has not been fully worked out yet, but it is likely that someone who is presently full-time in another department will be assigned 50% to our department.

- Dr. Susan J. Spungin participated, specifically to clarify what we will be doing, what we will NOT be doing, and the direction for the future. Susan Spungin addressed new directions for the department and acknowledged the staff for "hanging in there" during the recent and most difficult times at AFB. She expressed AFB's significant loss resulting from the termination of the LV, RT, and O&M National Consultants' positions, and specifically the loss of Lynne Luxton and Leslye Piqueras as AFB staff.

  She addressed the following:

  New Regional Assignments - Esposito will be covering what was the Northeast Region. A memo will soon follow listing the new state assignments for the region. Miller will continue as the primary contact for New York State.

  Spungin sees the National Consultants as the agency coordinators of Employment, Education, and Aging activities. A memo explaining this is to follow from Spungin.

  I&R requests that come into National which clearly require responses specific to states, rather than national perspectives, should be sent to regional staff for response.

  AFB has received considerable reaction to the loss of the Rehabilitation Teaching position. The administration recognizes the loss of AFB to provide services in this area. Lynne Luxton has agreed to have requests for paid workshops and consultations referred to her, and has given permission to disclose her home address and phone number. Any calls regarding such matters should be referred through Kathleen M. Huebner, the National Consultants, the Regional Directors, or Regional Consultants.

The field is not aware of the loss of the Orientation and Mobility position as yet.

A "Dear Colleague letter" to the field is still being considered by Carl but there will not be a press release.

National Consultants will be working primarily on AFB program initiatives, e.g. ADA, Literacy and Access to Information, etc.

- Criteria to be used for determining involvement are:

  1) The activity is one through which we serve as a Change Agent
  2) The activity addresses one or more of AFB's Program Initiatives
  3) The activity is National in scope
  4) The activity generates revenue.

- Elga should not coordinate student visits any longer. Her last coordination of student visit should be the already scheduled January 17th visit. Elga is to draft a memo for Kathy Huebner and Susan Spungin outlining the steps involved and suggestions for reassignment of the coordination of such visits to someone other than a National Consultants Department member.

- Chris is the coordinator of scholarships. The programs which have been discontinued until 1995 include:

  AFB Funded Scholarships,
  Dissertation Incentive Awards,
  Research Practice Seminars, and
  Paid Internships.

  Requests for internships may be considered without stipends and must be reviewed by staff, the department director, and Susan J. Spungin to determine time involvement and shared benefit to intern and AFB; before the approval will be given. Interns are a recognized benefit to AFB as well as to the intern.

- AFB Program Services Content Teams are:

  Education Team consisting of Wormsley, Siller, Turco, and Pawelski
  Employment Team consisting of Esposito, Harkins, Ruch, and Miller
  Aging Team consisting of Orr, Griffin-Shirley, and Judy Scott

  Susan Spungin sees National Consultants as Coordinators of these groups and will be sending out a memo explaining this.

- Susan Spungin further sees the National Consultants as responsible for the development of AFB Program Initiatives. A suggested procedure was discussed and Spungin will be providing further information on this.

- The National Consultants are no longer to do workshops or presentation unless the activity meets the above mentioned criteria. There was some discussion for the need to package some activities done presently by the National Consultants for regional staff, e.g. Joffee's O&M for children with multiple disabilities. National Consultants need to conceptualize future activities to address the above mentioned criteria. Grantsmanship will be key to getting funding so that efforts can be better disseminated at a national level. E.g. training packages with video tapes be produced.

- A discussion about I&R was held. It is hoped that an internal committee or task force will soon be assigned to begin concerted efforts to develop and implement an efficient I&R system for all of AFB.

- The next National Consultants meeting is rescheduled for Monday, December 16, 1991 from 9:00 AM - 12:00 PM in the Anne Sullivan Macy Room. Spungin was asked to attend if possible. Staff are asked to send Huebner notes regarding topics they wish to place on the agenda. This meeting will, in part, be devoted to regrouping and brainstorming a new title for the department and for the National Consultants. The new titles should be in keeping with the new directions for AFB. As consultations will be kept at a minimum, with the exception of those directly related to the criteria mentioned above, e.g. ADA, it is felt that "consultant" should no longer be part of titles for individuals or the department.

- Staff is further requested to maintain a list of activities related to the loss of the positions of National Consultants in RT, LV, and O&M, how requests are being handled, solutions, strategies, and difficulties.

- Following the December 16th staff meeting, or the final decision on the department and individual title changes, Kathy will re-do a memorandum re-defining responsibilities to be sent to the Hot-line staff, Department Directors, Employee Relations, and other appropriate staff who need to be informed of the responsibilities of the department staff. In addition, job descriptions will be re-written with emphasis on change agent, leadership terminology, etc.

- Susan J. Spungin was thanked for making herself available on very short notice.

• Meeting adjourned. •

KMH:sh
12/10/91

All Dept Staff, & Spungin

ERICAN FOUNDATION FOR THE BLIND, INC. 15 WEST 16TH STREET, NEW YORK, N.Y. 10011

Inter-Office Correspondence

MEMORANDUM

TO: All Members of the National Consultants Department

FROM: Kathleen M. Huebner DATE: December 9, 1991

SUBJECT: Welcome

Please join me in welcoming Mr. Jerry Miller as AFB's full-time National Employment Consultant. He begins in this new role today, December 9, 1991.

Thank you.

KMH:sh

Founded 1921

HELEN KELLER
Counselor
1924-1968

OFFICERS

MICHAEL M. MANEY
Sullivan & Cromwell
New York, NY
Chairman of the Board

ALDINE T. SCHOLL, PH.D.
Ann Arbor, MI
ce Chairman of the Board

EARL E. GARRIS, JR.
Bankers Trust Company
of New York
New York, NY
Treasurer

ACHEL E. ROSENBAUM
arroll Center for the Blind
Newton, MA
Secretary

CARL R. AUGUSTO
sident & Executive Director

REGIONAL CENTERS

NORTHEAST
15 West 16th Street
New York, NY 10011
(212) 620-2037

MID-ATLANTIC
1615 M Street, NW
Washington, DC 20036
(202) 457-1487

MIDWEST
20 North Wacker Drive
Chicago, IL 60606
(312) 269-0095

SOUTHEAST
100 Peachtree Street
Atlanta, GA 30303
(404) 525-2303

SOUTHWEST
260 Treadway Plaza
Exchange Park
Dallas, TX 75235
(214) 352-7222

WESTERN
111 Pine Street
San Francisco, CA 94111
(415) 392-4845

GOVERNMENTAL RELATIONS
1615 M Street, NW
Washington, DC 20036
(202) 457-1487

UTIVE FAX: (212) 727-1279
FAX: (212) 727-7418
TDD: (212) 620-2158
HOTLINE: 1-800-232-5463
CABLE ADDRESS:
OUNDATION, NEW YORK

Equal Opportunity Employer

American Foundation for the Blind, Inc.

15 West 16th Street, New York, New York 10011 (212) 620-2000 Founded 1921

MEMORANDUM

RECEIVED
DEC 06 1991
K.M.H.

TO: Carl Augusto
Susan Spungin
Kathy Huebner

FROM: Lynne Luxton

DATE: December 6, 1991

This memo serves the dual purpose of thanking you for the loan of the Compac Computer which will assist me greatly in my "new job" as doctoral student, and to request a letter of reference from each of you. I would appreciate the reference letters addressed "To Whom It May Concern" so I can use them for part-time consulting or teaching.

Thank you, I liked my job at AFB and I think that we've made a lot of progress for the profession of rehabilitation teaching for the benefit of persons who are blind and visually impaired.

Below is my home address and telephone number (and of course, I'll be in the Migel Library!)

Lynne Luxton
55 W. 14th Street, Apt. 2F
New York, NY 10011
Telephone (212) 627-8472

Sara Rolody
emp. rel
then personnel

LL:gb

Kathy

MEMORANDUM

TO: National Consultants Department Staff, Program Services Directors, and Regional Directors and Consultants

FROM: Leslye S. Piqueras LSP

RE: Moving to Australia

DATE: December 5, 1991

RECEIVED
DEC 06 1991
K.M.H.

As you know, my flight will take me to my new home, on the beach, in Melbourne on Wednesday, December 11. I have decided to lay on the beach and drink beer for the next few months, unless a really terrific opportunity comes my way.

Although I will be 10,000 miles away, I am available if questions come up or my files seem confusing. I hope you will let me know if there is anything I can do. My phone number, listed below, is also my fax number, so it's easy to reach me. Australia is 14 hours ahead of New York, so first thing in the morning or last thing in the afternoon are the best times to reach me.

I have tried to get the word that I am leaving to as many colleagues as possible. There will be some, however, that I have missed. Please feel free to give my address to those people should they request it.

Leslye S. Piqueras
6/113 Nepean Highway
Aspendale, 3195
Victoria
Australia
(03)587-3774
(from the USA 011613-587-3774)

Leslye Rolodex
then send to personnel

I have enjoyed working with all of you, and although I will have my hands full moving, getting settled in, getting married, etc., I will be thinking about all of you. Have a wonderful holiday season, and my best for the New Year.

LSP:gb

cc: Carl Augusto
Susan Spungin

:RICAN FOUNDATION FOR THE BLIND, INC. 15 WEST 16TH STREET, NEW YORK, N.Y. 10011

Inter-Office Correspondence

MEMORANDUM

TO: Lynne Luxton

FROM: Kathleen M. Huebner DATE: December 6, 1991

SUBJECT: Permission to borrow Compaq Portable II Personal Computer with Word Perfect 5.1 Software

I am very pleased to share with you that Carl R. Augusto and Susan J. Spungin have suggested and given permission for you to borrow the Compaq PC with the Word Perfect 5.1 software. Once MIS has had an opportunity to determine which, if any, of AFB's existing PC's are available for sale, I will let you know so that you will have an opportunity to bid on them (following AFB's policy).

In the meantime, I hope the Compaq will serve your purposes. Once again, we all wish you well and success in your doctoral and other pursuits.

I look forward to continuing our friendship as well as our professional relationship.

KMH:sh

cc: Carl R. Augusto
Susan J. Spungin

Founded 1921

HELEN KELLER
Counselor
1924-1968

OFFICERS

MICHAEL M. MANEY
Sullivan & Cromwell
New York, NY
Chairman of the Board

ALDINE T. SCHOLL, PH.D.
Ann Arbor, MI
Vice Chairman of the Board

EARL E. GARRIS, JR.
Bankers Trust Company
of New York
New York, NY
Treasurer

RACHEL E. ROSENBAUM
Carroll Center for the Blind
Newton, MA
Secretary

CARL R. AUGUSTO
President & Executive Director

REGIONAL CENTERS

NORTHEAST
15 West 16th Street
New York, NY 10011
(212) 620-2037

MID-ATLANTIC
1615 M Street, NW
Washington, DC 20036
(202) 457-1487

MIDWEST
20 North Wacker Drive
Chicago, IL 60606
(312) 269-0095

SOUTHEAST
100 Peachtree Street
Atlanta, GA 30303
(404) 525-2303

SOUTHWEST
260 Treadway Plaza
Exchange Park
Dallas, TX 75235
(214) 352-7222

WESTERN
111 Pine Street
San Francisco, CA 94111
(415) 392-4845

GOVERNMENTAL RELATIONS
1615 M Street, NW
Washington, DC 20036
(202) 457-1487

EXECUTIVE FAX: (212) 727-1279
FAX: (212) 727-7418
TDD: (212) 620-2158
HOTLINE: 1-800-232-5463
CABLE ADDRESS:
FOUNDATION, NEW YORK

Equal Opportunity Employer

American Foundation for the Blind, Inc.

15 West 16th Street, New York, New York 10011 (212) 620-2000 Founded 1921

December 6, 1991

Dr. Janet Simon
Executive Director
Western Pennsylvania School
for Blind Children
Bayard Street at Bellefield Ave.
Pittsburgh, PA 15213-1499

Dear Janet:

On behalf of the Board of Trustees, administration, and staff of the American Foundation for the Blind, I am delighted to write this letter of testimony as to the quality of services provided to infants, children, and youth who are blind or visually impaired and their families by WPSBC. My knowledge and experience with WPSBC dates back to the late 1960's when I was employed in Pittsburgh at a local rehabilitation agency. Later as graduate student for both by Masters and Doctoral degrees at the University of Pittsburgh, I had many opportunities to be involved at the school. Some of my experiences included teaching students in activities of daily living during the evening, substitute teaching, formal observations, providing in-service training, and supervising student teachers who were placed at the school for internships and practica.

My experiences at WPSBC not only provided me with a rich palette of experiences but also with the opportunity to observe some of the best teachers and educational programs in the country. I can say this with confidence because the jobs I have held since leaving Pittsburgh, namely as a University professor and National Education Consultant, provided me with extensive opportunities to observe educational programs for blind and visually impaired students throughout the United States. WSPBC was one of the first schools in the country to not only recognize the needs of children who were blind and visually impaired, but also of those children with severe multiple handicaps. Indeed, it was a forerunner in the development and implementation of programs for early childhood, those with multiple handicaps as well as for those with low vision.

WPSBC is also recognized for a rich in-service training program and strong relationships with other educational and rehabilitation agencies in Pittsburgh. Many of WPSBC's teachers have gone on for their doctoral work and have become prominent leaders in the field of blindness. This would not have occurred without strong and nurturing administrative efforts.

The American Foundation for the Blind fully supports your efforts in seeking accreditation by the Middle States Association of Colleges and Schools. If we can be of any assistance, please do not hesitate to contact us. We will be anxious to hear the outcome of your efforts and wish you, the students, and staff the happiest holiday season.

Sincerely,

Kathleen M. Huebner

Kathleen M. Huebner, Ph.D.
Director
National Consultants Department

KMH:sh

WESTERN PENNSYLVANIA SCHOOL FOR BLIND CHILDREN

Janet Simon, Ph.D.
Executive Director and
Superintendent

Bayard Street at
Bellefield Avenue
Pittsburgh, PA
15213-1499
(412) 621-0100
Fax (412) 681-1736

Alison done 12/6/91

October 29, 1991

Dr. Susan Spungen
American Foundation for the Blind
15 West 16th Street
New York, New York 10011

Dear ~~Dr. Spungen~~ Susan:

The Western Pennsylvania School for Blind Children is a candidate for accreditation by the Middle States Association of Colleges and Schools. Our faculty has completed the self study report. The on site evaluation is expected to take place during the last week of February. At that time, a visiting team will observe in classrooms and will review School publications and documents.

We would like to have letters of testimony available for the team, and we are seeking your help. If you are able, please write to me with your opinion about this School and its role in the region.

Your response to this request is appreciated. Thank you.

Sincerely,

Janet Simon

Janet Simon, Ph.D.
Executive Director

JS/jk

RECEIVED
NOV 4 1991
S. J. S.

National Association for Parents of the Visually Impaired, Inc.

• support
• information
• service

800-562-6265

1 copy SJS FYI
file Chron

RECEIVED
DEC 05 1991
K.M.H.

November 20, 1991

Kathy Huebner, Ph. D.
American Foundation for the Blind
15 West 16th Street
New York, New York 10011

Dear Kathy,

A heartfelt thank you from the NAPVI Board of Directors and the Program Committee for your recent participation in our very successful conference.

The great range of information imparted to the 150 parents in Tampa will help each and every family move forward - better services and stronger families will result.

It's parents and professionals such as yourself who unselfishly give of their time and knowledge that will help visually handicapped children attain the highest goals possible.

The NAPVI office is in the process of gathering the comments from the evaluation forms. When this is completed, we will forward to you a copy of the comments concerning your session.

Thank you again for your participation in our conference. If I or NAPVI can be of any assistance to you in the future, please do not hesitate to ask.

Sincerely,

Gail

Gail Granados, Vice-President
Program Chairperson

ERICAN FOUNDATION FOR THE BLIND, INC. 15 WEST 16TH STREET, NEW YORK, N.Y. 10011

Inter-Office Correspondence

MEMORANDUM

TO: Chris Pawelski

FROM: Kathleen M. Huebner DATE: December 5, 1991

SUBJECT: CDC

Chris, in your absence and because of critical deadlines, I met with Lynne and Alberta to discuss your joint meeting regarding CDC.

The following decision was made: you will be the director for 20% time on federal money and Alberta was written in as 10% in-kind consultant.

Lynne sent you a copy of the letter she wrote to CDC requesting the change. She attached your "old" vita and explained your present position at AFB in the cover letter.

I would have preferred to discuss the final decision with you; however it was not possible. I am confident that you will fulfill your obligations as director of the CDC grant with he same standards of excellence that you apply to all your professional responsibilities.

Thank you.

KMH:sh

Founded 1921

HELEN KELLER
Counselor
1924-1968

OFFICERS

ICHAEL M. MANEY
ullivan & Cromwell
New York, NY
hairman of the Board

.DINE T. SCHOLL, PH.D.
Ann Arbor, MI
Chairman of the Board

ARL E. GARRIS, JR.
nkers Trust Company
of New York
New York, NY
Treasurer

CHEL E. ROSENBAUM
roll Center for the Blind
Newton, MA
Secretary

CARL R. AUGUSTO
dent & Executive Director

REGIONAL CENTERS

NORTHEAST
15 West 16th Street
New York, NY 10011
(212) 620-2037

MID-ATLANTIC
1615 M Street, NW
Washington, DC 20036
(202) 457-1487

MIDWEST
0 North Wacker Drive
Chicago, IL 60606
(312) 269-0095

SOUTHEAST
100 Peachtree Street
Atlanta, GA 30303
(404) 525-2303

SOUTHWEST
260 Treadway Plaza
Exchange Park
Dallas, TX 75235
(214) 352-7222

WESTERN
111 Pine Street
an Francisco, CA 94111
(415) 392-4845

GOVERNMENTAL RELATIONS
1615 M Street, NW
Washington, DC 20036
(202) 457-1487

CUTIVE FAX: (212) 727-1279
FAX: (212) 727-7418
DD: (212) 620-2158
TLINE: 1-800-232-5463
CABLE ADDRESS:
UNDATION, NEW YORK

qual Opportunity Employer

American Foundation for the Blind, Inc.

15 West 16th Street, New York, New York 10011 (212) 620-2000 Founded 1921

December 4, 1991

Mr. John Vasburg
President of Northwest Airlines
Northwest Airlines
5101 Northwest Drive
St. Paul, Minnesota 55111

Dear Mr. Vasburg:

On November 10, 1991 we traveled from Narita, Japan to Bangkok, Thailand on Northwest's flight 0027 at full fare "Y" cost for coach class. We are both frequent flyers users of Northwest and World Perk members. We are generally comfortable and satisfied with the service provided by your airlines. This flight however was not only extremely disappointing but upsetting.

To say that the bathrooms were filthy is an understatement, they were vile, and this was their state prior to take-off. The result was that one of us became ill to the point of retching and regurgitating. The overall state of upkeep of the plane was disgracefully filthy.

We both travel extensively domestically and internationally. We returned on Thai Airlines and as usual found it to be immaculate and having extra ordinary service. It is our hope, that should we use Northwest in the future that the plane will be not only safe and competently staffed but also clean.

Sincerely,

Dr. Susan J. Spungin

Susan J. Spungin, Ed.D.
Associate Executive Director
for Program Services

Dr. Kathleen M. Huebner

Kathleen M. Huebner, Ph.D.
Director, National Consultants Department

KMH:sh

TE: _

ME: _

eceived

AME: _

GENCY/

DDRESS

ELEPHO

OW RE

_ Prof

_ Gen

_ AFB

_ Unk

QUEST

ATEGO

☐ADA

☐Adul

☐Adv

☐Agin

☐Braill

☐Child

☐Deaf

☐Disab

☐Educ

RESPO

_ (

_ S

AMERICAN FOUNDATION FOR THE BLIND
Information Request

DATE: Dec 23, 1991

TIME: 3:00 pm

Received by: Audix

TYPE: __ Telephone
__ Mail
__ Fax
X Other

ROUTE TO: Jane Morris APH
Frank Foyle
Donna Heiner Michigan School
Larry Scadden Electronic
V Elliot

NAME: Ed Kimmure

Position:

AGENCY/ORGANIZATION: University of Oregon

ADDRESS:

TELEPHONE: (503) 346-1644

FAX #:

HOW REFERRED:

__ Professional (Conference, Article, Personal)
__ General Knowledge of AFB
__ AFB 2000#
__ Unknown

TYPE OF RESPONSE:

__ Individual/Personal response
__ Standardized/No decision needed

REQUEST: letter of 11/26/91 sent to Stirling re: work for Center for Advancing Quality of Technology Medium Materials

Played tele-tag on 12/26 + 27/91 w/ Ed Kimmure

Elliott Schreier will be back 21st but will check his audix

finally spoke to Kimmure told him you were away -- looks forward to hearing from us week of 1/13/92

CATEGORY:

☐ADA:	☐Electronic Devices	☐O & M:
☐Adult Services:	☐Employment:	☐Personnel Prep/Career Info
☐Advocacy:	☐Environmental Access	☐Professional Issues:
☐Aging:	☐Family Support Services:	☐Rehab. Teaching:
☐Braille/BANA	☐Funding:	☐Scholarships
☐Child Abuse	☐Literacy	☐Statistic/Research:
☐Deaf-Blind/MH	☐Low Vision:	☐Technology:
☐Diabetes	☐Medical Information:	☐Other:
☐Education:	☐Minority/Multicultural:	

RESPONSE:

__ Completed at time of call
__ Send information: _____

Who: _____
Date Completed: _____

10/91

UNIVERSITY OF OREGON

November 26, 1991

Dr. Kathleen Huebner
Director National Consultants Department
American Foundation for the Blind Inc.
15 West 16th Street
New York, New York 29208

Dear Dr. Huebner:

Last April, you wrote a letter indicating your willingness to write a commissioned paper for our proposal to establish the Center For Advancing the Quality of Technology, Media, and Materials. As a courtesy, a copy of your letter is attached.

I'm pleased to announce that in early October, we were awarded the cooperative agreement to establish for a five year period (1991-1996), the National Center to Improve the Quality of Technology, Media, and Materials. We owe you a note of gratitude for your letter, because it was instrumental in our successful bid for the Center. We are in the process of working with the Office of Special Education Programs (OSEP), U. S. Department of Education, to refine and finalize our five-year strategic plan for the Center. We hope to complete this strategic plan by the end of January, 1992.

A critical element to the strategic plan is the creation, organization, and analysis of the knowledge base for improving the quality of the tools that educators use. Now that we are funded, I am writing again to confirm your commitment to write a research synthesis on the design of effective teaching practices for students with visual impairments. It is my sincere hope that you will see this as worthy of your time and effort.

I will call you in the next month to discuss the research synthesis and its requirements. In the meantime, please complete the enclosed form and return it in the enclosed envelope. The information you provide will allow me to update my files. If your commitment to other activities prevents you from writing the research synthesis, I will certainly understand. Of course, I will call to persuade you to reconsider. Failing that, I will seek your best recommendation of who to commission to write the research synthesis.

Associate Dean (503) 346-3404 · Elementary Ed (503) 346-4591 · Secondary Ed (503) 346-3481 · Special Ed (503) 346-5521
Student Services (503) 346-5425 · Field Experience Office (503) 346-3530 · Talented/Gifted Institute (503) 346-3084

DIVISION OF TEACHER EDUCATION · COLLEGE OF EDUCATION · EUGENE, OREGON 97403-1215

In the next few months, I anticipate developing a clear set of expectations for the research synthesis we will commission you to write. In addition, we will develop a research synthesis as an exemplar of the information we hope to obtain. If necessary, we will hold a meeting in Eugene, Oregon, around February or March to discuss the requirements of the research synthesis, review the exemplar research synthesis, and answer questions. The Center will pay all travel and lodging expenses.

The following items are enclosed for your information: (a) a summary of the general requirements of the research synthesis and a tentative timeline for its development and completion, (b) a description of the Center, and (c) the mission and goals of the Center. Finally, if there is anything I can do to assist you in your decision to write the research synthesis, please let me know.

I hope your work is going well. I look forward to hearing from you and working with you. If you have any concerns, please call me at (503) 346-1644 or 346-5521.

Sincerely,

Edward J. Kameenui
Associate Director
Associate Professor

EJK:jc
enclosures

American Foundation for the Blind, Inc.

15 West 16th Street, New York, New York 10011 (212) 620-2000 Founded 1921

April 22, 1991

Edward J. Kameenui, Ph.D.
University of Oregon
College of Education
Special Education Area 275
Eugene, OR 97403-1215

Dear Ed:

The American Foundation for the Blind would be honored to write a commissioned paper as part of the research activities for your proposed application to establish the Center for Advancing the Quality of Technology, Media, and Materials at the University of Oregon.

The research paper I will be commissioned to write will focus on a review of the existing research on technology, media, and materials as it relates to effective teaching practices for students with visual impairments. Because of the limited amount of existing published research in this area, it is anticipated that some level of interviews and/or survey research will also need to be conducted to determine the state-of-the-art regarding information relevant to the mission of the project. The review will culminate in a set of guidelines for what developers, publishers, producers, and distributors should do to enhance the quality of technology (hardware and software) to better serve students (Preschool-K-12) with disabilities.

In writing the paper, I will apply the proposed guidelines to a specific technology, media, and materials product. All the resources of the American Foundation for the Blind will cooperate in this effort, including but not limited to the National Consultants Department, the M.C. Migel Library, the National Technology Center, etc.

Enclosed is a one page vita and a full vita. I look forward to hearing of the status of your proposal.

Sincerely,

Dr Kathleen M Huebner

Kathleen M. Huebner, Ph.D.
Director, National Consultants Department

KMH:sh

cc: Elliot Schreier, Director, AFB National Technology Center
Susan J. Spungin, Associate Executive Director of Program Services

Enclosures: One page and full vita of Kathleen M. Huebner, Ph.D.

To:

Cum
(ple

Tel
Offi
Oth
Ple

To: Edward J. Kameenui, Ph.D.
275 Special Education
College of Education
University of Oregon
Eugene, Oregon 97403

Current Address
(please correct address)

Dr. Kathleen Huebner
Director, National Consultants Department
American Foundation for the Blind, Inc.
15 West 16th Street
New York, New York 10011

❒ Address correct

❒ New address

_____

_____

_____

Telephone

Office: (212) 620-2000 Home:_____ Fax : (212) 727-7418

Other Numbers:_____

Please check the appropriate statements:

❒ Yes, I'm still interested in writing a research synthesis.

❒ No, I'm no longer interested; _____

❒ Maybe, please contact me to discuss alternative arrangements.

❒ It depends on the requirements of the research synthesis.

❒ I recommend the following person to write the research synthesis: _____

_____

❒ Yes, I would be able to attend a meeting in Eugene, Oregon.

❒ No, I would not be able to attend a meeting in Eugene, Oregon.

National Center to Improve the Quality of Technology, Media, and Materials

Research Synthesis Requirements

Researcher: Dr. Kathleen Huebner

Research Synthesis Topic: Effective curriculum practices for students with visual impairments

Tentative Conditions for Commission:

Total Commission: $4,000; to be paid upon receipt of revision of first draft.

Tentative Timeline:

First Draft Due: April 28, 1994

Revision of First Draft Due: Negotiable

Tentative Content Requirements:

1. Description of learning characteristics and curricular requirements of target population.

2. Definition, description, or musings about the meaning of quality as it relates to print materials, software programs, and electronic media (e.g., videodiscs) most frequently used in school settings with target population. Emphasis on characteristics of tools that make them uniquely effective with target population.

3. Intervention or descriptive research on the instructional effectiveness of tools with target population. Emphasis on detailed description of subject characteristics, independent variables (e.g., nature of strategies or tools), dependent measures (e.g., target skills in academic or social areas), and contextual variables (e.g., setting).

4. Summary and analysis of research on the design of tools used by educators with target population.

5. Identification and/or description of several exemplary or widely used tools for target population, including a description of the areas in which high quality tools are not available and needed.

6. Application of a set of guidelines developed by the Center to particularly effective and popular print material (the effective program may or may not be distinct from the popular program), and if possible, an electronic tool for the target population. These initial guidelines may be adapted and substantially revised by you to fit your topic. Description of the results of applying the guidelines and the appropriateness, feasibility, and completeness of the guidelines.

7. Description of the barriers to the use of quality tools with target population and suggestions for overcoming the barriers.

8. Recommendations for modifying the design of quality tools that meet the guidelines (See item # 6). Comment on the extent to which the modifications represent a reasonable accommodation of the learning and curricular requirements of the target population.

9. Limitations and restrictions to the research synthesis.

National Center to Improve the Quality of Technology, Media, and Materials

University of Oregon

Douglas W. Carnine, Director
Edward J. Kameenui, Associate Director

The National Center to Improve the Quality of Technology, Media, and Materials is funded for a five year period (1991-1996) by the Office of Special Education Programs in the United States Department of Education. The primary purpose of the Center is to carry out activities that will result in improving the quality of curriculum programs and teaching materials, electronic media, and computer technology for all students, particularly individuals with disabilities.

The Center will engage in at least four sets of activities. First, the Center will work with professional organizations representing parents, teachers, and administrators to define what is meant by quality technology, media, and materials. Focus group meetings will be conducted at national conferences with representatives from these stakeholders to identify the features of high quality technology (software), electronic media (videodisk), and print materials (textbooks and curriculum programs). In addition, the Center will work with these professional organizations to influence the demand for high quality technology, media, and materials by developing standards for the development and adoption of high quality technology, media, and materials.

The Center will also work directly with commercial textbook and curriculum developers, producers, and publishers to explore ways in which materials can be improved to accommodate all individuals, but particularly those with disabilities. Like architectural barriers that can deny or limit a person's physical access to a building, the way in which technology, media, and materials are designed can also create barriers that limit a person's visual, physical, or cognitive access to the information contained within the materials. For individuals with learning problems in particular, the barriers are not necessarily obvious--nor are they obvious to teachers, to parents, or to the publishers of the materials themselves.

The Center will work with nationally recognized researchers to establish a research base for the design of quality technology, media, and materials for grades kindergarten through grade 8. Research syntheses on the principles for designing high quality technology, media, and materials in the academic areas (reading, language arts, mathematics, social studies, and science) and nonacademic areas (social skills, early childhood, severe mental retardation, transition, blind and visually impaired, deaf and hearing impaired, bilingual, and assistive technology) will be written. In addition, the Center will establish an exchange process with national research centers and projects to acquire and share information on the principles for the design of quality technology, media, and materials.

Finally, the Center will work with a range of professional educational organizations, private industry, and national organizations outside of education in an effort to increase the demand for quality technology, media, and materials for all students, but particularly for individuals with disabilities.

The Center will publish a newsletter on a quarterly basis and establish a communication system to respond to questions by users, and commercial developers, producers, and publishers about the quality of technology, media, and materials.

National Center to Improve the Quality of Technology, Media, and Materials

Strategic Plan for Years 01-05

Mission Statement

The mission of the National Center to Improve the Quality of Technology, Media, and Materials (TMM) for individuals with disabilities is to influence the demand for quality TMM and to assist publishers and developers to respond to that demand.

Goal 1

The Center will create, validate, and refine a strategic plan that examines and advances the quality, availability, significance, and feasibility of technology, media, and materials to improve the education of all individuals, particularly those with disabilities.

Goal 2

The Center will identify, develop, and promote curriculum design principles in the academic areas (reading, language arts, mathematics, science, and social studies) that, when incorporated in TMM, contribute to the teaching and learning of individuals, particularly those with cognitive disabilities.

Goal 3

The Center will identify and develop design principles, in areas of disability other than academics (visual, hearing, and physical disabilities, early childhood, severe, bilingual, transition, and social skills), that respond to the unique learning attributes and instructional conditions of students with disabilities.

Goal 4

The Center will assist publishers and developers in incorporating design principles in their development and production of TMM that will lead to improved learning of individuals, particularly those with disabilities.

Goal 5

The Center will increase the demand for quality TMM to motivate publishers and developers to create high quality TMM.

Founded 1921

HELEN KELLER
Counselor
1924-1968

OFFICERS

ICHAEL M. MANEY
ullivan & Cromwell
New York, NY
hairman of the Board

R.DINE T. SCHOLL, PH.D.
Ann Arbor, MI
Chairman of the Board

ARL E. GARRIS, JR.
nkers Trust Company
of New York
New York, NY
Treasurer

RCHEL E. ROSENBAUM
roll Center for the Blind
Newton, MA
Secretary

CARL R. AUGUSTO
dent & Executive Director

REGIONAL CENTERS

NORTHEAST
15 West 16th Street
New York, NY 10011
(212) 620-2037

MID-ATLANTIC
1615 M Street, NW
ashington, DC 20036
(202) 457-1487

MIDWEST
0 North Wacker Drive
Chicago, IL 60606
(312) 269-0095

SOUTHEAST
100 Peachtree Street
Atlanta, GA 30303
(404) 525-2303

SOUTHWEST
260 Treadway Plaza
Exchange Park
Dallas, TX 75235
(214) 352-7222

WESTERN
111 Pine Street
an Francisco, CA 94111
(415) 392-4845

GOVERNMENTAL RELATIONS
1615 M Street, NW
Washington, DC 20036
(202) 457-1487

CUTIVE FAX: (212) 727-1279
FAX: (212) 727-7418
TDD: (212) 620-2158
TLINE: 1-800-232-5463
CABLE ADDRESS:
UNDATION, NEW YORK

qual Opportunity Employer

American Foundation for the Blind, Inc.

15 West 16th Street, New York, New York 10011 (212) 620-2000 Founded 1921

December 4, 1991

Ms. Betty Jo Berland
National Institute on Disability
and Rehabilitation Research
Department of Education
400 Maryland Avenue, S.W.
Switzer Building, Room 3422
Washington, DC 20202-2601

Dear Ms. Berland:

It was with great enthusiasm and respect for NIDRR that we read the proposed funding priorities for the National Institute on Disability and Rehabilitation Research for Fiscal Years 1992-93, published in the November 18, 1991 issue of the Federal Register. Our congratulations to the leadership of the NIDRR staff!

We would like to take this opportunity to comment on one particular priority, that being **Braille Literacy**. We commend the NIDRR staff for responding to the President's America 2000 education goal of literacy, in part, by identifying the unique need of individuals who are blind to learn to use braille as an effective mode of communication for reading and writing. In 1989, AFB identified a national literacy and access to information initiative and we have many projects and products in place and in process which address this initiative.

We particularly **support the inclusionary concept of involving individuals who are both literate through braille and those who would most benefit from project outcomes of the priority**. It is critical that proficient and potential braille users be partners in all phases of planning, implementation, evaluation, and dissemination of the project.

We further **support NIDRR in identifying Braille Literacy as an absolute priority.**

- more -

The following are our comments, on the five points proposed for projects in this priority:

Bullet #1 (Develop an articulated braille literacy program, etc.)

We **recommend that a distinction be made as to programs designed for those individuals who are congenitally blind and those who are adventitiously blinded**. We are finding that some adults who are congenitally blind need remedial skills in learning to be efficient and effective braille users for both reading and writing. Those who are adventitiously blinded generally were literate print readers, but need to learn to be efficient and effective braille users for both reading and writing. Therefore, there is a need to develop distinct instructional programs for these variances.

We **recommend that the additional distinction of both braille "reading" and "writing" be imbedded within the priority**. Most research which has been conducted and reported, and programs which have been developed and disseminated, focus on reading with little attention to writing. It is critical that attention be given to development of instructional programs that address braille writing as well as reading skills.

Bullet #2 (Develop new educational models, etc.)

We **strongly recommend that the wording be changed**. Presently, the last phrase reads "...become literate in Braille in less time than is now required". The fact is that we don't have any research to support how much time is required for the various types of learners. Therefore, **we recommend the phrase be changed to "...become literate in Braille in optimal time"**. In addition, it is suggested, that as the RFP is further developed that the project be required to track learning time as well as identify criteria to measure learning. As a result, this priority could serve to provide information on what is the "optimal time" required to become a skilled braille user. Again, the difference between those who are congenitally blind and adventitiously blinded will be a critical factor.

Bullet #3 (Provide inservice education for teachers, etc.)

We **recommend that the wording be changed to include preservice and self-study**. It may not be necessary or realistic (depending on the length of the granting period) to actually do preservice and self-study as part of the project; however, we **strongly recommend that the emphasis be placed on development of materials that could be used in preservice, inservice, and for self-study.** Indeed, the development of hard copy and a Computer Assisted Instructional materials package would be ideal.

Bullet #4 (Assess the usefulness of hand-held braille, etc.)

This item needs to be clarified. We would offer suggested changes in the language, but are uncertain as to its meaning.

Bullet #5 (Disseminate new program models, etc.)

We agree. No recommended changes.

Once again, our congratulations. If we can be of any assistance please do not hesitate to contact us. We will look forward to reading the comments regarding this and other NIDRR priorities. We would appreciate being placed on the mailing list for the approved RFP. Thank you.

Sincerely,

Susan Jay Spungin, Ed.D.
Associate Executive Director
for Program Services

Kathleen M. Huebner, Ph.D.
Director
National Consultants Dept.

Diane P. Wormsley, Ph.D.
Regional Director
Western Regional Center

Christine Pawelski, Ed.D.
National Education Consultant
National Consultants Dept.

KMH:sh

child care professionals (e.g., pediatricians, social workers) and other interested groups or individuals.

Braille Literacy

A second education goal of the President is to reduce and eventually eliminate illiteracy in the nation. One group of persons that could be considered illiterate for many purposes are those blind individuals who have not learned to read in Braille. The combination of mainstreaming and technological development has resulted in fewer blind children learning to read and write in Braille. According to the Council of Executives of American Residential Schools for the Visually Handicapped, there is a national concern that students who are visually impaired are not becoming proficient in the basic skills of reading, writing, and computing. In 1965 nearly half - 48 percent—of all blind and visually impaired students read Braille. By 1989, this had dropped to 12 percent, according to the American Printing House for the Blind. The number of blind adults without the ability to read a sentence that they have written themselves is increasing. Blind professionals are struggling as adults to learn Braille for note-taking. Newly blind older persons are often convinced that learning Braille is too arduous and lengthy a process.

While new auditory and computer technologies have enabled blind persons to communicate without Braille, there are many applications for which Braille is the preferred medium. These include note-taking and reading in meetings, lectures, and public settings in which auditory media are not acceptable. Braille is commonly used in signage, safety and alarm systems, and other public guidance systems, as well as much published material. Braille is likely to remain an important communications medium for persons who are blind.

The issue was discussed extensively by Dr. Michael J. Bina in an article in the Journal of Visual Impairment and Blindness (JVIB) (January, 1991) as one of the "Current Concerns and Issues." A paper on the topic, "Literacy: Issues for Consumers and Providers" was presented by Susan Spungin at the 1989 National Convention of the National Federation of the Blind. "Issues Related to Literacy of the Legally Blind Learner" (E. Rex) appeared in V. 83 of the JVIB in 1989.

Any project to be funded in response to this priority must involve individuals who are blind, including those who are literate in Braille and those who are likely candidates for learning Braille, in all phases of the planning, implementation, and evaluation of the project and dissemination of project results.

An absolute priority is proposed for a project to:

• Develop an articulated Braille literacy program for adults who are blind that reflects the findings of current research on the tactile nervous system and uses instructional materials of the highest quality and effectiveness;

• Develop new educational models that enable blind adults to become literate in Braille in less time than is now required;

• Provide inservice education for teachers and administrators in adult educational institutions and rehabilitation facilities in order to ensure the effective implementation of the new educational models;

• Assess the usefulness of hand-held Braille computer screen interface/reader devices and other aids as techniques to enhance literacy in Braille; and

• Disseminate new program models and technologies to appropriate target populations.

Rehabilitation of Visually Impaired Older Persons

In 1980 the National Society to Prevent Blindness estimated that there were approximately 11.4 million people with some level of vision impairment in the United States. Of these, approximately 500,000 were legally blind (best corrected central visual acuity equal to or less than 20/200 in the better eye, or a field of vision no greater than 20 degrees in its widest diameter). Figures from the Model Reporting Area for Blindness Statistics indicate that approximately 67 percent of the legally blind persons in the United States are over the age of 50 years, 52 percent over 60, 37 percent over 70, and 20 percent over 80.

Data from the National Health Interview Survey, 1983–1985, indicate that nearly one-third of those surveyed believed their inability to see well prevented them from performing activities such as household chores and engaging in recreation.

Approximately 40 percent reported problems with mobility, while 35 percent had difficulty reading the newspaper. Visually impaired older persons—those aged 85 or more—are more dependent on home help than the elderly population in general. Poor sight is a key factor contributing to institutionalization. Eleven percent of visually impaired older persons were living in institutions.

Any project to be funded in response to this priority must involve persons who are blind or visually impaired, including elderly individuals who are visually impaired, in the conduct and evaluation of the project and in the dissemination of its results.

An absolute priority is announced for a project to:

• Identify and evaluate interdisciplinary models for rehabilitation of older visually impaired persons that will provide for early identification and intervention strategies; approaches to the use of optical aids to maximize residual vision and preventing visual handicaps; training of visually impaired and older persons and their families for independent living and independent mobility; and vocational support strategies to maintain or regain remunerative employment.

• Develop and test programs to train service providers from various disciplines on the nature of low vision disorders and the use of remaining visual abilities, appropriate intervention techniques, followup procedures, and other strategies to maximize independence for this group.

• Identify effective practices in the Older Blind Independent Living Program; and

• Disseminate model program materials in accessible formats to generic service providers, rehabilitation service providers, elderly and visually impaired persons and their families, and other researchers.

Supported Employment for Persons With Severe Physical Disabilities

Supported employment for people with severe disabilities has expanded markedly since its beginnings in 1984. The initiative began with grassroots concern over the lack of integrated employment opportunities for people with severe and profound mental retardation. Recently, supported employment programs have been expanded to include people with other disabilities. All people who require long-term support to maintain success in employment, including, for example, persons with long-term mental illness, traumatic brain injuries, or severe physical disabilities are potential candidates for supported employment. While people with severe disabilities other than developmental disabilities are potential candidates for supported employment, the vast majority of people with access to supported employment are those identified as mentally retarded. As might be expected, the support strategies most in use are those designed for people with mental retardation. However, as part of an

Sara file w letter of response that we sent last w. SJS, MY, Diane, & Chris' sig

Founded 1921

HELEN KELLER
Counselor
1924-1968

OFFICERS

MICHAEL M. MANEY
Sullivan & Cromwell
New York, NY
Chairman of the Board

ELDINE T. SCHOLL, PH.D.
Ann Arbor, MI
Vice Chairman of the Board

EARL E. GARRIS, JR.
Bankers Trust Company
of New York
New York, NY
Treasurer

MICHEL E. ROSENBAUM
Carroll Center for the Blind
Newton, MA
Secretary

CARL R. AUGUSTO
President & Executive Director

REGIONAL CENTERS

NORTHEAST
15 West 16th Street
New York, NY 10011
(212) 620-2037

MID-ATLANTIC
1615 M Street, NW
Washington, DC 20036
(202) 457-1487

MIDWEST
20 North Wacker Drive
Chicago, IL 60606
(312) 269-0095

SOUTHEAST
100 Peachtree Street
Atlanta, GA 30303
(404) 525-2303

SOUTHWEST
260 Treadway Plaza
Exchange Park
Dallas, TX 75235
(214) 352-7222

WESTERN
111 Pine Street
San Francisco, CA 94111
(415) 392-4845

GOVERNMENTAL RELATIONS
1615 M Street, NW
Washington, DC 20036
(202) 457-1487

EXECUTIVE FAX: (212) 727-1279
FAX: (212) 727-7418
TDD: (212) 620-2158
HOTLINE: 1-800-232-5463
CABLE ADDRESS:
FOUNDATION, NEW YORK

Equal Opportunity Employer

American Foundation for the Blind, Inc.

15 West 16th Street, New York, New York 10011 (212) 620-2000 Founded 1921

December 4, 1991

To Whom It May Concern:

It is an honor to write a letter of recommendation for Ms. Leslye Piqueras who has provided outstanding service to the American Foundation for the Blind (AFB) as its National Low Vision Consultant. It has been my pleasure to be Ms. Piqueras' supervisor during her nearly four year tenure at AFB.

Ms. Piqueras is an outstanding professional and a tireless worker. She is extremely organized and has excellent management skills. Her career in education and rehabilitation in the blindness field is rich and demonstrates consistent career advancements. She first became involved in blindness as a teenager volunteer at a residential school for blind children. She has a strong educational background in special education and blindness. She is a consummate learner, frequently taking in-service training programs, university based courses, and management training workshops. She is self-initiated and is self-directed.

Ms. Piqueras has extraordinary people and networking skills. She is outgoing, enthusiastic, resourceful and committed to her work. She is highly respected by her colleagues in the fields of education and rehabilitation, as well as those in related professions such as ophthalmology, optometry, and low vision services, which is demonstrated not only through her extensive committee and advisory board appointments, but also through her election to national office of professional organizations. She has also been active with one of the national consumer organizations.

She does not hesitate to assist her constituents and colleagues and quickly earns the trust of those with whom she associates. She is both teacher and administrator. In part, because of her exceptional organizational skills, she is able to manage many projects and activities concurrently and keeps deadlines. She clearly achieved the goals of her position as National Low Vision Consultant.

In addition to carrying out the responsibilities of National Low Vision Consultant while Ms. Piqueras was employed at AFB, she managed the AFB scholarship program and also coordinated AFB's Josephine L. Taylor Leadership Institute which is a national training conference. She organized the scholarship program and the review process for determining awards in a most professional manner. Her coordination of the national institute was flawless and done in such a way as to make it appear as though it was a simple task, which it is not. As part of these two responsibilities, she was also accountable for the respective budgets.

Because of Ms. Piqueras' varied and rich educational and work experiences as a teacher, consultant, technical assistant, and administrator involving both programs designed for children and adults, and because of her strong work ethics and professionalism, she has earned my unconditional recommendation.

Should you have any questions, please do not hesitate to contact me at (212) 620-2045 or FAX (212) 620-2150. Thank you.

Sincerely,

Kathleen Mary Huebner, Ph.D.
Director, National Consultants

KMH:sh

Founded 1921

HELEN KELLER
Counselor
1924-1968

OFFICERS

ICHAEL M. MANEY
ullivan & Cromwell
New York, NY
hairman of the Board

R DINE T. SCHOLL, PH.D.
Ann Arbor, MI
V Chairman of the Board

ARL E. GARRIS, JR.
nkers Trust Company
of New York
New York, NY
Treasurer

RCHEL E. ROSENBAUM
Croll Center for the Blind
Newton, MA
Secretary

CARL R. AUGUSTO
dent & Executive Director

REGIONAL CENTERS

NORTHEAST
15 West 16th Street
New York, NY 10011
(212) 620-2037

MID-ATLANTIC
1615 M Street, NW
ashington, DC 20036
(202) 457-1487

MIDWEST
0 North Wacker Drive
Chicago, IL 60606
(312) 269-0095

SOUTHEAST
100 Peachtree Street
Atlanta, GA 30303
(404) 525-2303

SOUTHWEST
260 Treadway Plaza
Exchange Park
Dallas, TX 75235
(214) 352-7222

WESTERN
111 Pine Street
San Francisco, CA 94111
(415) 392-4845

GOVERNMENTAL RELATIONS
1615 M Street, NW
Washington, DC 20036
(202) 457-1487

CUTIVE FAX: (212) 727-1279
FAX: (212) 727-7418
TDD: (212) 620-2158
TLINE: 1-800-232-5463
CABLE ADDRESS:
OUNDATION, NEW YORK

Equal Opportunity Employer

American Foundation for the Blind, Inc.

15 West 16th Street, New York, New York 10011 (212) 620-2000 Founded 1921

December 4, 1991

Mr. John Vasburg
President of Northwest Airlines
Northwest Airlines
5101 Northwest Drive
St. Paul, Minnesota 55111

Dear Mr. Vasburg:

On November 10, 1991 we traveled from Narita, Japan to Bangkok, Thailand on Northwest's flight 0027 at full fare "Y" cost for coach class. We are both frequent flyers users of Northwest and World Perk members. We are generally comfortable and satisfied with the service provided by your airlines. This flight however was not only extremely disappointing but upsetting.

To say that the bathrooms were filthy is an understatement, they were vile, and this was their state prior to take-off. The result was that one of us became ill to the point of retching and regurgitating. The overall state of upkeep of the plane was disgracefully filthy.

We both travel extensively domestically and internationally. We returned on Thai Airlines and as usual found it to be immaculate and having extra ordinary service. It is our hope, that should we use Northwest in the future that the plane will be not only safe and competently staffed but also clean.

Sincerely,

Susan J. Spungin, Ed.D.
Associate Executive Director
for Program Services

Dr Kathleen M Huebner

Kathleen M. Huebner, Ph.D.
Director, National Consultants Department

KMH:sh

INTERNATIONAL COUNCIL FOR EDUCATION OF THE VISUALLY HANDICAPPED

9th QUINQUENNIAL & EARLY CHILDHOOD CONFERENCES

July 26–31 and August 2–5, 1992 Bangkok, Thailand

SAWASDEE WELCOME

December 2, 1991

Supa Tiradeldamrong
Thai Airlingue Head Office
89 Vibhavadi, 21st Floor
Rangsit Road
Bangkok 10900

Dear Supa:

We would like to take this opportunity to extend our most sincere appreciation for the extraordinary efforts you made to see that our return trip to the United States was comfortable. We thoroughly enjoyed flying Thai Airlines and will make every effort to use Thai Airlines for our return trip to Bangkok in July. ICEVH is very fortunate indeed to have you participate on the Host Committee for the conference.

We had no difficulty with any of the special arrangements for us. Although, the package weighed over 100 pounds, we had to pay $110.60 US dollars for excess baggage. Nonetheless, the letter which you and Jack provided us saved us a considerable amount of money.

Please reply to:

Air Chief Marshall Kitichorn is very fortunate to have you as an assistant. Please be so kind, to once again extend our appreciation to him. We look forward to seeing you in July and hope that you will have an opportunity to visit New York in the near future so that we might have an opportunity to repay your hospitality.

Do take care.

Sincerely,

Susan J. Spungin, Ed.D.
Vice President of ICEVH
Chairperson of Main Committee
American Foundation for the Blind, AED

Kathleen M. Huebner

Kathleen M. Huebner, Ph.D.
Member of Main Committee
AFB Director, National Consultants

KMH:sh

INTERNATIONAL COUNCIL FOR EDUCATION OF THE VISUALLY HANDICAPPED

9th QUINQUENNIAL & EARLY CHILDHOOD CONFERENCES

July 26–31 and August 2–5, 1992 Bangkok, Thailand

SAWASDEE
WELCOME

December 2, 1991

Ms. Kathy Barbour
District Sales Manager
Thai Airways International Limited
630 Fifth Avenue, Suite 351
New York, NY 10011

Dear Ms. Barbour:

Dr. Susan J. Spungin and I greatly appreciate all of the efforts you have made to make our trip to Thailand productive. Both Dr. Spungin and I had successful meetings with the President of Thai Airlines staff in Bangkok. Negotiations are continuing for Thai Airlines to be the conference's official carrier.

After waiting for an hour to receive our boarding passes at the Thai check-in counter in Los Angeles, we were told that our flight to Bangkok was canceled and rescheduled for the next day at 2:00 AM.

Due to a critical need to arrive in Bangkok on schedule we had to purchase full-price, one way tickets on Delta and Northwest Airlines.

Enclosed you will find Dr. Susan J. Spungin's and my passenger tickets for flight #771 - Los Angeles to Bangkok for which we would appreciate reimbursement.

Please reply to:

December 2, 1991

Again, thank you. We look forward to hearing from you soon. Please keep in touch.

Sincerely,

Kathleen M. Huebner

Kathleen M. Huebner, Ph.D.
Director, National Consultants Department

KMH:sh

Encl.: Huebner & Spungin's original tickets

cc: Susan J. Spungin

ISSUED BY Thai

PASSENGER TICKET AND BAGGAGE CHECK

SUBJECT TO CONDITIONS OF CONTRACT ON PAGE 1

PASSENGER COUPON

ORIGIN/DESTINATION: LAX/LAX SITI

AIRLINE DATA: *JCYRHY

ISSUED IN EXCHANGE FOR

DATE AND PLACE OF ISSUE: 3399020 31OCT91 THAI INT NEW YORK U.S.A.

90

ENDORSEMENTS/RESTRICTIONS (CARBON): VALID ON TG ONLY

TOUR CODE

NOT TRANSFERABLE | CONJUNCTION TICKETS

NAME OF PASSENGER: HUEBNER KATHLEEN OR

X/O	NOT GOOD FOR PASSAGE	CARRIER	FLIGHT NO.	CLASS	DATE	TIME	STATUS	FARE BASIS	NOT VALID BEFORE	NOT VALID AFTER	FREE ALLOW
	FROM LOS ANGELES INT	TG	771	Y	09NOV	1135	OK	YR2 AD 75		31JANPC	
	TO BANGKOK	TG	770	Y	16NOV	0720	OK	YR2 AD 75		31JANPC	
	TO LOS ANGELES INT		VOID		VOID	VOID					
	TO VOID		VOID		VOID	VOID					
	TO VOID										

BAGGAGE CHECKED UNCHECKED → | PCS | WT | UNCK'D WT | PCS | WT | UNCK'D WT | PCS | WT | UNCK'D WT | PCS | WT | UNCK'D WT

FARE: USD 568.00

EQUIVALENT FARE PD

FARE CALCULATION: LAX TG BKK283.75TG LAX283.75NUC567.50END ROE1.00

TAX: USD 10.00XU
TAX: USD 6.00US
TAX: USD 2.00XA
TOTAL: USD 586.00

PW 10274761

14/11/91

CPN | AIRLINE CODE | FORM AND SERIAL NUMBER | CK

⊙ 217 2410274761 6 ⊙

DO NOT MARK OR STAMP IN THE WHITE AREA ABOVE

FORM OF PAYMENT: TR243033/CHG

ORIGINAL ISSUE (AIRLINE, FORM NO., SERIAL NO., PLACE, DATE, AGENT'S NUMERIC CODE)

ISSUED BY Thai

PASSENGER TICKET AND BAGGAGE CHECK

SUBJECT TO CONDITIONS OF CONTRACT ON PAGE 1

FLIGHT COUPON 1

ORIGIN/DESTINATION: LAX/LAX SITI

AIRLINE DATA: *JCYRHY

ISSUED IN EXCHANGE FOR

DATE AND PLACE OF ISSUE: 3399020 31OCT91 THAI INT NEW YORK U.S.A.

90

ENDORSEMENTS/RESTRICTIONS (CARBON): VALID ON TG ONLY

TOUR CODE

NOT TRANSFERABLE | CONJUNCTION TICKETS

NAME OF PASSENGER: HUEBNER KATHLEEN OR

X/O	GOOD FOR PASSAGE BETWEEN POINTS OUTLINED	CARRIER	FLIGHT NO.	CLASS	DATE	TIME	STATUS	FARE BASIS	NOT VALID BEFORE	NOT VALID AFTER	FREE ALLOW
	FROM LOS ANGELES INT	TG	771	Y	09NOV	1135	OK	YR2 AD 75		31JANPC	
	TO BANGKOK	TG	770	Y	16NOV	0720	OK	YR2 AD 75		31JANPC	
	TO LOS ANGELES INT		VOID		VOID	VOID					
	TO VOID		VOID		VOID	VOID					
	TO VOID										

BAGGAGE CHECKED UNCHECKED → | PCS | WT | UNCK'D WT | PCS | WT | UNCK'D WT | PCS | WT | UNCK'D WT | PCS | WT | UNCK'D WT

FARE: USD 568.00

EQUIVALENT FARE PD

FARE CALCULATION: LAX TG BKK283.75TG LAX283.75NUC567.50END ROE1.00

TAX: USD 10.00XU
TAX: USD 6.00US
TAX: USD 2.00XA
TOTAL: USD 586.00

PW 10274760

CPN | AIRLINE CODE | FORM AND SERIAL NUMBER | CK

1 217 2410274760 2 ¤

FORM OF PAYMENT: TR243033/CHG

ORIGINAL ISSUE (AIRLINE, FORM NO., SERIAL NO., PLACE, DATE, AGENT'S NUMERIC CODE)

Founded 1921

HELEN KELLER
Counselor
1924-1968

OFFICERS

MICHAEL M. MANEY
Sullivan & Cromwell
New York, NY
Chairman of the Board

ELDINE T. SCHOLL, PH.D.
Ann Arbor, MI
Vice Chairman of the Board

CARL E. GARRIS, JR.
Bankers Trust Company
of New York
New York, NY
Treasurer

MICHEL E. ROSENBAUM
Perkins Center for the Blind
Newton, MA
Secretary

CARL R. AUGUSTO
President & Executive Director

REGIONAL CENTERS

NORTHEAST
15 West 16th Street
New York, NY 10011
(212) 620-2037

MID-ATLANTIC
1615 M Street, NW
Washington, DC 20036
(202) 457-1487

MIDWEST
20 North Wacker Drive
Chicago, IL 60606
(312) 269-0095

SOUTHEAST
100 Peachtree Street
Atlanta, GA 30303
(404) 525-2303

SOUTHWEST
260 Treadway Plaza
Exchange Park
Dallas, TX 75235
(214) 352-7222

WESTERN
111 Pine Street
San Francisco, CA 94111
(415) 392-4845

GOVERNMENTAL RELATIONS
1615 M Street, NW
Washington, DC 20036
(202) 457-1487

EXECUTIVE FAX: (212) 727-1279
FAX: (212) 727-7418
TDD: (212) 620-2158
HOTLINE: 1-800-232-5463
CABLE ADDRESS:
FOUNDATION, NEW YORK

Equal Opportunity Employer

American Foundation for the Blind, Inc.

15 West 16th Street, New York, New York 10011 (212) 620-2000 Founded 1921

AIR MAIL

November 25, 1991

Ms. Pasinee Sumranveth
Bangkok School for the Blind
420 Rajavidhi Road
BANGKOK 10400
THAILAND

Dr. Ms. Sumranveth:

It was a pleasure meeting and speaking to you. I am excited that you have such an interest in pursuing a doctorate in special education in the United States.

You have a great deal to contribute to the field of special education. I encourage you to explore all possibilities and to trust in your abilities. You can and will do it, I am sure. Enclosed you will find a college university list which I have marked as we discussed.

I wish you well in your studies and future career, and hope to see you at the ICEVH conference.

Sincerely,

Kathleen M. Huebner, Ph.D.
Director, National Consultants Department

KMH:sh

Enclosure

AMERICAN FOUNDATION FOR THE BLIND, INC. 15 WEST 16TH STREET, NEW YORK, N.Y. 10011

Inter-Office Correspondence

MEMORANDUM

TO: National Consultants Department, Susan J. Spungin, Charles Lorenzo

FROM: Kathleen M. Huebner DATE: November 25, 1991

SUBJECT: Away from Office

I will be out of the office from November 26, 1991 through December 2, 1991. During that time, please send anything requiring my signature to Dr. Susan J. Spungin.

Thank you.

KMH:sh

AMERICAN FOUNDATION FOR THE BLIND, INC. 15 WEST 16TH STREET, NEW YORK, N.Y. 10011

Inter-Office Correspondence

MEMORANDUM

TO: Susan J. Spungin and National Consultants Department

FROM: Kathleen M. Huebner DATE: November 25, 1991

SUBJECT: Holiday Vacation

To date the following staff have requested and received approval for vacation days during the holidays. Please let me know your plans, as we need to have departmental coverage.

Kathleen M. Huebner - December 23 - 31

Chris Pawelski - December 2 - 6

Alberta Orr - December 23 - 31

Gina Burgos - December 17 - 31

Nora Ricciardi - December 13, 16, 26 - 30

Thank you.

KMH:sh

AMERICAN FOUNDATION FOR THE BLIND, INC. 15 WEST 16TH STREET, NEW YORK, N.Y. 10011

Inter-Office Correspondence

MEMORANDUM

TO: Susan J. Spungin and Charles Lorenzo

FROM: Kathleen M. Huebner DATE: November 25, 1991

SUBJECT: Advances for Travel/Conferences Registration for Piqueras and Luxton

Lynne Luxton has no airline tickets or conference registrations which need to be returned or reimbursed. Leslye Piqueras has no airline tickets to be returned or reimbursed. She had paid an advance registration fee for a December conference. She has called to cancel and followed through in writing requesting the registration fee be returned.

I am assuming that the finance department will clear any revolving advanced funds which may have been issued to them.

Thank you.

KMH:sh

cc: Lynne Luxton
Leslye Piqueras

American Foundation for the Blind, Inc.
15 West 16th Street, New York, N.Y. 10011 (212) 620-2000 Founded 1921

November 22, 1991

Dear Kathy:

I know it wasn't easy, but I want you to know that I appreciate the way in which you handled employee layoff's. Your cooperation has meant a lot to me.

Sincerely,

Carl R. Augusto
President & Executive Director

CRA:vet

Chron

Chron

MEMORANDUM

To: Susan Spungin

From: Kathy Huebner

Subject: Assignment of Luxton's Responsibilities

Date: 11/22/91

Lynne has determined to pursue her doctoral studies on a full-time basis. She will be staying through December 6th to wrap things up and work with the NC's who will be covering major project activities. The following represents decisions which were made with Lynne's recommendations.

Writing Activities

- Rehabilitation Textbook Chapter has been revised and sent to Elton Moore. **Lynne will inform** him that her position was eliminated and provide him with contact information should he need any continued follow-through with Lynne on the chapter.

NYC ACTIVITIES

- Lynne is planning to resign from her NYSAER activities. **Lynne will send the letter of resignation.**

- Lynne presently serves on the VISIONS Paraprofessional Program Advisory Committee. This group meets on an irregular basis. She has requested that I **write the letter resigning her** from this committee and I will do so. **Lynne will provide me with the contact information.**

- Lynne serves on the Hunter College RT Program Advisory Committee. She was invited to serve on this committee because of her personal expertise. **Lynne will inform Silberman** of the termination of her position. Should Silberman be able to financially compensate her for the time for future meetings she may decide to continue serving on this committee. **It is not planned to substitute any other AFB staff member for this activity.**

AFB PROJECT ACTIVITIES

- She presently serves on the ADA Task Force and feels that someone should be on the committee who is proficient in not just braille, but the braille code. **Carl, SJS, and Marshall need to consider possible assignment.**

- She presently serves on the Specialized and General Services Task Force. The recommendation is that either Alberta Orr or Nora Griffin Shirley be assigned to this committee. I thought Nora had been already as a result of a prior recommendation by Alberta to add someone representing Aging on the committee. Lynne informed me that Nora has not been included on conference calls, and the only meetings of this committee which she attended were during the NYC Regional Staff meeting week. This was confirmed by Leslye. **Carl, SJS, and whoever is appointed as chair of the task force need to consider possible assignment.**

- CDC AIDS Grant- The main responsibilities include, overall directorship of the project; completion/ submission of all federal paper work; review curriculum as it is developed; plan and conduct field testing; maintain on-going telephone contact with subcontractors and CDC. **Chris Pawelski will take this over. Lynne will spend time with Chris during the next two weeks to familiarize her with the project activities of the past as well as the goals for completion. Lynne will complete the continuation grant proposal which is due December 4th.** Chris will follow-through with CDC regarding her becoming the director and send them copies of her vita, etc. to establish her qualifications. When this was transferred from Hank Stern to Lynne, there were no problems with the feds. I have already spoken to Chris about her taking this on. **It is therefore, reassigned already.**

- Title 7-C OASIS contract with Alabama. This is a straight 3,000. annual contract for on-site program evaluation split between the Atlanta office and NC. The contract requires one visit to Alabama annually, generally in November. We completed the first 3 year contract and are in year 1 of a second 3 year contract. **Alberta Orr has been assigned to this project.** She will make this year's visit during the second week of December. Alberta will meet with Lynne and discuss the project with Nora Griffin Shirley prior to this year's on-site. The 1,500. that comes to the NC department is total department payment, so whatever is left after travel is for services. At this time, I do not know if it is possible to request more money for the next two years, or to reduce the number of staff involved from two to one. Via this memo, I will ask Alberta to check into it. **This project is therefore, reassigned already.**

- Rehabilitation Act Reauthorization consultation regarding independent living. Dinsmore has been the lead person on this and will continue to do so. Hopefully, the professional staff knowledgeable about adult services will be able to assist GRD as needed.

- Consumer Products Committee. This activity, I believe is completed, at least for this year. Lynne's question was primarily related to I&R in this area. Evidently, she gets a lot of calls from individuals who want to borrow AFB consumer products for their own exhibits at agencies, hospitals, etc. She and Gawronski have usually worked this out together. **All staff will need to be informed by you as to whom we should now direct consumer product I&R calls when the call goes beyond order information.** In addition, all staff should be familiar with our Consumer Products in general.

- BANA Secretary and Research Committee. Her term of office ends May 1992. **Lynne will write Darlene Bogart to tell her that her position has been terminated and therefore will no longer be able to participate on the BANA Board as this is and agency appointment. She will also mention that you (SJS) have expressed an interest in being AFB's representative.**

- Diabetes education reviewer of various materials. **Lynne will write a letter to those Diabetes Educators with whom she has had significant contact.** She will inform them of her desire to continue to maintain her relationships and services as she can. I&R requests regarding Diabetes will be forwarded to me for now.

- I have asked Lynne to prepare a list of individuals which we can use for RT and Diabetes I&R and referral. She does not use form letters, so all her mail will come to me for assignment response or reassignment. I assured her that we would refer requests for paying consultations, which cannot be met by existing AFB staff and are unique to her areas of expertise, to her and the others she lists for referral. I&R specific to RT Personnel Preparation will be referred to existing University program personnel.

- Lynne has considerable commitments to AER national, as Division 11 Program Committee Chair, AER Division 11 Chair Elect, and the AER Licensing Committee. As these are not official AFB appointments, but rather elected or AER positions or appointments, she will contact the necessary AER staff and members about her decisions. Although, at this time, she is unsure about her financial capability to attend AER International this summer, we spoke about the possibility of requesting other officers to take on her responsibilities at the conference and continue in her offices. She has not made a determination about these responsibilities at this time.

Lynne does receive some personal as well as a great deal of professional mail here at AFB. She has asked that I hold her personal mail and that she stop by to pick it up so she can proceed to send out change of address information. Nora and Gina will direct all her mail to me. I have agreed to this. Her professional mail, will be screened to determine action. Her personal mail will be left unopened and given to her.

I know that you join me and the entire staff in the NC department in wishing her success in her aspirations and efforts.

cc. All NC Department Staff
Note: This memo is being copied to you so that you will all be aware of the transfer of responsibilities. Please see me if you have any questions regarding directing calls or mail coming in for Lynne. Following December 6th, if someone calls for Lynne, please simply say that "She is no longer at AFB", and then inquire as to the purpose of the call. Direct CDC calls to Chris; OASIS calls to Alberta; Adult services to Alberta; those which you are unsure about direct to me. Thank you.

If anyone runs into support staff problems see me directly to see if Sara can help or if I need to seek assistance from other departments. THANK YOU ALL!

Nora and Gina:
Until Lynne leaves, Nora please give her work top priority and all the help she needs. Gina, please do likewise for Leslye. As we discussed, Gina is assigned to Elga. Please help out with everyone as much as possible and whenever you have some free time, check with all the NC's. A team effort is even more critical then ever during the next few weeks.

Chron

MEMORANDUM

To: Susan Spungin

From: Kathy Huebner

Subject: Assignment of Piqueras' Responsibilities

Date: 11/22/91

Leslye has decided and arranged to move to Australia on December 11, 1991. She has called Diane Wormsley that she is not interested in applying for the San Francisco Regional Specialist job. She will be staying through December 6th to wrap things up and work with the NC's who will be covering major project activities. The following represents decisions which were made with Leslye's recommendations.

Scholarship Program

- Leslye has done a remarkable job systematizing and administering the scholarship program. She will be sending you and I a memo regarding her recommendations about how to handle the fact that the scholarships funded by AFB will not be available for the next fiscal year. (Scholarships for this fiscal year have already been expended). **Chris Pawelski has been assigned to take over the scholarship program with the able assistance of Gina Burgos who has been working on it with Leslye and is also Chris' secretary.**

Specialized and General Task Force

- A new task force chairperson needs to be assigned. Leslye and I both recommend Dr. Kirchner. **This is clearly a top administrative decision.** In addition Lynne served on this task force, so both Leslye's and Lynne's areas of expertise are no longer represented. Therefore, additional committee members may need to be considered to serve.

National Eye Health Education Program NEHEP

- This is an advisory committee responsibility which was an AFB appointment. This does not require much time or effort however, next year their program is on Low Vision, and our role with this committee provides visibility with NEI. AFB is considered a partner in this program. **Leslye will write them a letter informing them of her leaving AFB and state AFB's interest in continuing this relationship through representation by Alberta Orr.**

Low Vision and O&M Research Report Article

- I have asked Leslye to turn over all materials, data, drafts, disks, etc. to Elga for review. **Elga will review the status for one of three possibilities: (1) finalize for submission to JVIB as a short report; (2) finalize for full article submission to JVIB; (3) no possibility for submission for publication.** Should submission be advised, the article will carry both Elga and Leslye as authors. Primary authorship will be determined based on the amount of work that needs to be done to prepare it for submission. Leslye was agreeable to this decision.

CCLV SECRETARY

- Leslye has already called Pat Price to inform her of her plans to leave the country. Pat was not accepting of her resignation; however Leslye will write her a letter expressing continued interest in CCLV but as she will be out of the country and will not be able to attend meetings she is submitting her resignation. Should she return to the States, she is clearly interested in continued involvement.

AER

- Leslye has already called and will be writing letters resigning as Chair of the low vision division and is turning all her files over to Gale Watson. She has already spoken with Gayle about assuming her responsibilities at the international conference. In addition, she has sent to Corinne her official withdrawal as a presenter from a panel which Corinne put together.

Liaison with Optometry and Ophthalmology

- Leslye will be writing letters to various leadership personnel and divisions of the ophthalmology and optometry organizations which she and AFB have strong ties. She feels that we should continue our relationships as much as possible. **Incoming calls/letters from these organizations will come to me for assignment.** Leslye has been active in these organizations and has team taught some courses at conferences. She will recommend Alberta Orr and Elga Joffee as possible contacts.

I&R

- Scholarships-Chris Pawelski

Low Vision Children-Pawelski
Low Vision Adults-Orr
Low Vision Driving with Optical Devices-Joffee

Leslye has many form letters for the low vision requests. She will meet with Gina, Chris, Alberta, and Elga to show them her files, transfer disks, etc. Chris, Alberta, and Elga will work with Gina to show her how to make decisions as to which letters and information should be prepared for response and whether to forward them to Chris, Alberta or Joffee for signature.

I will speak with Rosen to determine how much can be handled by the library and will share Leslye's form letters/disks etc. with her.

Leslye will prepare a referral list that staff can use.

Leslye also handled department birthday card distribution for the department. Nora Ricciardi will take this over.

I know that you join me and the entire staff in the NC department in wishing Leslye, a safe journey, the happiest of marriages, and fulfillment of her professional aspirations. Further, I know that we are all sincere in our hopes that although she is geographically going "down under" that she will have the best possible opportunities to "stay on top of the field of blindness" in her career.

cc. All NC Department Staff
Note: This memo is being copied to you so that you will all be aware of the transfer of responsibilities. Please see me if you have any questions regarding directing calls or mail coming in for Leslye. Following December 6th, if someone calls for Leslye, please simply say that "She is no longer at AFB", and then inquire as to the purpose of the call. Direct Scholarship calls to Gina who will take down the information and determine if the caller needs to be transferred to Chris; Adult low vision inquiries that require speaking with an NC go to Alberta, those regarding children to Chris, and those specific to driving with optical devices to Elga. Those which you are unsure about direct to me. Thank you.

If anyone runs into support staff problems see me directly to see if Sara can help or if I need to seek assistance from other departments. THANK YOU ALL!

Nora and Gina:
Until Lynne leaves, Nora please give her work top priority and all the help she needs. Gina, please do likewise for Leslye. As we discussed, Gina is assigned to Elga. Please help out with everyone as much as possible and whenever you have some free time, check with all the NC's. A team effort is even more critical then ever during the next few weeks.

Founded 1921

HELEN KELLER
Counselor
1924-1968

OFFICERS

ICHAEL M. MANEY
ullivan & Cromwell
New York, NY
hairman of the Board

DINE T. SCHOLL, PH.D.
Ann Arbor, MI
Chairman of the Board

ARL E. GARRIS, JR.
nkers Trust Company
of New York
New York, NY
Treasurer

CHEL E. ROSENBAUM
Croll Center for the Blind
Newton, MA
Secretary

ARL R. AUGUSTO
ident & Executive Director

REGIONAL CENTERS

NORTHEAST
15 West 16th Street
New York, NY 10011
(212) 620-2037

MID-ATLANTIC
1615 M Street, NW
Washington, DC 20036
(202) 457-1487

MIDWEST
0 North Wacker Drive
Chicago, IL 60606
(312) 269-0095

SOUTHEAST
100 Peachtree Street
Atlanta, GA 30303
(404) 525-2303

SOUTHWEST
260 Treadway Plaza
Exchange Park
Dallas, TX 75235
(214) 352-7222

WESTERN
111 Pine Street
an Francisco, CA 94111
(415) 392-4845

GOVERNMENTAL RELATIONS
1615 M Street, NW
Washington, DC 20036
(202) 457-1487

EXECUTIVE FAX: (212) 727-1279
FAX: (212) 727-7418
TDD: (212) 620-2158
OTLINE: 1-800-232-5463
CABLE ADDRESS:
UNDATION, NEW YORK

qual Opportunity Employer

American Foundation for the Blind, Inc.

15 West 16th Street, New York, New York 10011 (212) 620-2000 Founded 1921

bcc: Pawelski

November 21, 1991

Mr. Peter Putnam
Chairman, RFB Consumer Advisory Council
Recording for the Blind
20 Roszel Road
Princeton, NJ 08540

Dear Peter:

Dr. Christine Pawelski who graciously represented AFB at the recent Consumer Advisory Council, shared with me her observations of what was clearly an informative and exciting meeting.

In looking at my calendar, I am already committed for May 8, 15, and 29. Therefore; regrettably I will not be able to attend the next RFB-CAC meeting.

Due to heavy commitments for the coming year, my preference is to be one of the members to self select off of the advisory council. Should you wish to continue having a representative of AFB on the council, I would suggest that you consider Dr. Christine Pawelski, AFB's National Education Consultant.

I wish you, RFB, and the Council continued success.

Sincerely,

Kathleen M. Huebner, Ph.D.
Director, National Consultants Department

KMH:sh

Founded 1921

HELEN KELLER
Counselor
1924-1968

OFFICERS

MICHAEL M. MANEY
Sullivan & Cromwell
New York, NY
Chairman of the Board

ALDINE T. SCHOLL, PH.D.
Ann Arbor, MI
Vice Chairman of the Board

EARL E. GARRIS, JR.
Bankers Trust Company
of New York
New York, NY
Treasurer

RACHEL E. ROSENBAUM
Carroll Center for the Blind
Newton, MA
Secretary

CARL R. AUGUSTO
President & Executive Director

REGIONAL CENTERS

NORTHEAST
15 West 16th Street
New York, NY 10011
(212) 620-2037

MID-ATLANTIC
1615 M Street, NW
Washington, DC 20036
(202) 457-1487

MIDWEST
20 North Wacker Drive
Chicago, IL 60606
(312) 269-0095

SOUTHEAST
100 Peachtree Street
Atlanta, GA 30303
(404) 525-2303

SOUTHWEST
260 Treadway Plaza
Exchange Park
Dallas, TX 75235
(214) 352-7222

WESTERN
111 Pine Street
San Francisco, CA 94111
(415) 392-4845

GOVERNMENTAL RELATIONS
1615 M Street, NW
Washington, DC 20036
(202) 457-1487

EXECUTIVE FAX: (212) 727-1279
FAX: (212) 727-7418
TDD: (212) 620-2158
HOTLINE: 1-800-232-5463
CABLE ADDRESS:
FOUNDATION, NEW YORK

An Equal Opportunity Employer

American Foundation for the Blind, Inc.

15 West 16th Street, New York, New York 10011 (212) 620-2000 Founded 1921

November 21, 1991

Mr. Ronald W. Allen
Chairman, CEO & President
Delta Airlines
Hartsfield Atlanta International Airport
Atlanta, GA 30320

Dear Mr. Allen:

We would like to acknowledge one of your employees, who provided us with most efficient and courteous service, he is Robert M. Pordes, Senior Customer Service Agent. We found ourselves at the Los Angeles airport on the morning of November 9th, booked on Thai Air for Bangkok. After waiting in line for nearly an hour we were informed that our flight was not leaving until 2:00 AM the next day. As we were travelling to Bangkok for business, to participate in a planning meeting for an International Conference scheduled for July and August of 1992 for educators of children who are blind and visually impaired, and had meetings scheduled for the entire week, it was critical that we get to Bangkok as close to on schedule as possible.

We were holding government rate coach tickets for Thai Air, which Mr. Pordes informed us Delta could not honor. Thai Air had also informed us that no other airline would honor our tickets, so we were not surprised. Mr. Pordes was courteous and explained that we were attempting to get on a flight which was scheduled to leave in less than an hour and he needed to make some calls. He was successful in booking us on your Saturday 11:30 AM flight. Although we work for a not-for-profit agency which serves blind and visually impaired persons, and the tickets cost us $2,200.00; it was most important for us to arrive in Bangkok as close to schedule as possible. Not only did Mr. Pordes make this possible, but he did it in such a way as to relieve our anxiety. His quiet and take charge manner along with his demonstrated knowledge of what needed to be done, was most exemplary.

November 21, 1991

Our sincere appreciation to Mr. Pordes and our congratulations to you for having such exemplary employees.

Thank you.

Sincerely,

Susan J. Spungin, Ed.D.
Associate Executive Director
for Program Services

Kathleen M. Huebner, Ph.D.
Director, National Consultants Department

KMH:sh

P.S. We were happy to hear from the co-pilot that you are replacing the seats on the planes which you are leasing from Mitsubishi. To say that they are extremely narrow and uncomfortable is an understatement.

cc: Robert M. Pordes

Senior Customer Service Agent
Delta Air Lines, Inc.
P.O. Box 90676
Los Angeles International Airport
Los Angeles, CA 90009

MEMORANDUM

To: National Consultants Department

From: Kathy

Subject: Thank you

Date: November 15, 1991 (Friday)

The end of another week. Hope it went well and that you are all looking forward to another weekend. Have a good day and fun over the weekend. Take care.

AMERICAN FOUNDATION FOR THE BLIND, INC. 15 WEST 16th STREET, NEW YORK, N.Y. 10011

INTER-OFFICE CORRESPONDENCE

Chron

RECEIVED
NOV 14 1991
K.M.H.

TO: Carl Augusto and Susan Jay Spungin

FROM: Elga Joffee

DATE: November 7, 1991

RE: **STUDENT VISIT CONTRIBUTION TO AFB**

The graduate students and faculty from the O&M programs at the University of Arkansas at Little Rock and Peabody College learned about AFB's financial crisis during their visit here on November 5, 1991. In recognition of AFB and in appreciation of the programs AFB offers the O&M university groups, these visitors collected money to leave at AFB as their personal contribution.

I have personally thanked the students and their faculty in the attached letter. I think it would also be nice if one of AFB's officials could send a short note to acknowledge this kind gesture. I gave a list of university O&M programs to Mike for contact information.

EJ:maw

Attachments

cc: Kathleen M. Huebner
Mike Petell

MEMORANDUM

To: National Consultants Department

From: Kathy KM

Subject: Thank you

Date: November 14, 1991 (Thursday)

It's Thursday. Thought I'd remind you since you all had Monday off and I know how hard it is to keep track of the days when a holiday starts the week. Anyway, have a good day. See you soon.

♥

Founded 1921

HELEN KELLER
Counselor
1924-1968

OFFICERS

MICHAEL M. MANEY
Sullivan & Cromwell
New York, NY
Chairman of the Board

RALDINE T. SCHOLL, PH.D.
Ann Arbor, MI
Vice Chairman of the Board

EARL E. GARRIS, JR.
Bankers Trust Company
of New York
New York, NY
Treasurer

RACHEL E. ROSENBAUM
Carroll Center for the Blind
Newton, MA
Secretary

CARL R. AUGUSTO
resident & Executive Director

REGIONAL CENTERS

NORTHEAST
15 West 16th Street
New York, NY 10011
(212) 620-2037

MID-ATLANTIC
1615 M Street, NW
Washington, DC 20036
(202) 457-1487

MIDWEST
20 North Wacker Drive
Chicago, IL 60606
(312) 269-0095

SOUTHEAST
100 Peachtree Street
Atlanta, GA 30303
(404) 525-2303

SOUTHWEST
260 Treadway Plaza
Exchange Park
Dallas, TX 75235
(214) 352-7222

WESTERN
111 Pine Street
San Francisco, CA 94111
(415) 392-4845

GOVERNMENTAL RELATIONS
1615 M Street, NW
Washington, DC 20036
(202) 457-1487

CUTIVE FAX: (212) 727-1279
FAX: (212) 727-7418
TDD: (212) 620-2158
HOTLINE: 1-800-232-5463
CABLE ADDRESS:
OUNDATION, NEW YORK

Equal Opportunity Employer

American Foundation for the Blind, Inc.

15 West 16th Street, New York, New York 10011 (212) 620-2000 Founded 1921

RECEIVED
NOV 14
K.M.H.

M E M O R A N D U M

TO: Chuck Talor

FROM: Lynne Luxton

DATE: November 8, 1991

RE: **ENCLOSED FINAL VERSION OF TEXTBOOK CHAPTER**

Enclosed is a print copy and a copy on diskette (in WordPerfect 5.1) as requested. This version replaces the copy we sent you on October 25, 1991.

LL:maw

Enclosures

October 26, 1991

TO: Sara
FROM: Chris

RE: Attached budget summary sheets

Greetings! I have reviewed the attached budget sheets and have questions on several amounts which I am not clear what they are referring to.....they are highlighted, and could you please let me know what has been documented. Thanks

Secondly, there are a number of of my trips which are income generating or reimbursed (see my record sheets attached). I would think that would be important to include in that category as well. Some you may not have listed, because they have been "billed", but the money has not yet been received.

Thanks.

Please let me know about the discrepancies I have noted.

NATIONAL CONSULTANTS DEPARTMENT

National Consultant: CHRISTINE E. PAWELSKI
Travel Monies Allocated FY 91-92: 6,950.00
Conference/Seminar Monies Allocated FY 91-92: 510.00
Project: 2,000.00

TRIPS ANTICIPATED

PLACE/PURPOSE	ESTIMATED Travel $	ESTIMATED Conf. $	ACTUAL Travel $	ACTUAL Conf. $	TOTAL SPENT
* CO/CHILD ABUSE	1,400.00	150.00	675.02	185.00	860.02
DC/TASH	700.00	110.00		129.00	129.00
DC/ADVOCACY	1,500.00	0.00	477.15	0.00	477.15
KY/APH	900.00	0.00	559.45		559.45
FL/NAPVI	1,000.00	100.00		80.00	80.00
CA/IAER	1,300.00	150.00			0.00
AIRLINE MEMBERSHIP FEE	150.00	0.00	0.00		0.00
SUB-TOTAL	6,950.00	510.00	1,711.62	394.00	2,105.62

PROJECT TRAVEL

CHARGE CODE	PLACE/PURPOSE	ESTIMATED Travel $	ESTIMATED Conf. $	ACTUAL Travel $	ACTUAL Conf. $	TOTAL SPENT
7749.6	NAT'L COALITION ON CHLD ABUSE	2,000.00		284.50		284.50
						~~0.00~~
						0.00
	SUB-TOTAL	2,000.00		284.50		284.50

??

UNANTICIPATED TRIPS

PRIORITY	PLACE/PURPOSE	ACTUAL Travel $	ACTUAL Conf. $	TOTAL SPENT
ABUSE NTWKNG	*U.S. MILITARY (contract)	596.57	0.00	596.57
	SUB-TOTAL	596.57	0.00	596.57

* income generated 596.57 $1,500.00 2,096.57
97.02 250.00

This was income generated (Travel)

NATIONAL CONSULTANTS DEPARTMENT

TOTAL EXPENDITURES

		ACTUAL Travel	ACTUAL Services	TOTAL SPENT
July		210.50	Army Chiefs	210.50
July		260.00	NCCAN	260.00
July		185.00		185.00
August				
September	APH	559.45		559.45
October	NCCAN	415.02		415.02
October	ADVOCACY/2000	477.15		477.15
October		358.07		358.07
October	TASH	129.00 (Right)		129.00
October	NAPVI	80.00 (Right)		80.00
November				
December				
January				
February				
March				
April				
May				
June				
TOTAL EXPENDITURES FOR TRAVEL TO DATE:		2,674.19	0.00	2,674.19

What is this??

TOTAL INCOME GENERATED

		ACTUAL Travel	ACTUAL Services	TOTAL INCOME
July	US ARMY-FASTA	1,043.53	0.00	1,043.53
July	VA COMMONWEALTH	0.00	150.00	150.00
July	US ARMY-FASTA	0.00	550.00	550.00
August		0.00		
September				
October				
November				
December				
January				
February				
March				
April				
May				
June				
TOTAL REIMBURSEMENT FOR TRAVEL TO DATE:		1,043.53		1,743.53
TOTAL REIMBURSEMENT FOR SERVICES TO DATE:			700.00	

NATIONAL CONSULTANT: Christine E. Pawelski
TRAVEL MONIES ALLOCATED FY 1991-92: $6,950
CONFERENCE/SEMINAR: $510.00
PROJECT: $2,000.00

TRIPS ANTICIPATED

	Anticipated Travel	Reg	Actual Travel	Reg	TOTALS
***CO/Child Abuse**	**1,400**	**150**	**675.02**	**185.00**	**860.02**
DC/TASH	700	110		129.00	129.00
DC/Advocacy	1,500	---	477.15		477.15
KY/APH	900	---	559.45		599.45
FL/NAPVI	1,000	100		80.00	80.00
CA/IAER	1,300	150			00.00
Airline Membership	150	---			
TOTALS:	6,950	510	1,711.62	394.00	2,105.62

*** Reimbursed by Wall Street Charity Grant Account #901. This needs to be shown in Income generated as well, I would think. Thanks.**

PROJECT TRAVEL: Charge Code 7749.6

		Travel	Conf	TOTAL SPENT
Nat'l Coalition on Child Abuse	$2,000	284.50		$ 284.50

UNANTICIPATED TRAVEL

		Travel	Services	TOTAL SPENT
Abuse Networking	***U.S. Military/Chicago**	**596.57**	**1,500.00**	**$2,096.57**
	***U.S. Military/S.A.,TX**	**97.02**	**250.00**	**347.02**

*** This was income generated, and needs to be shown in that column as well, I would think.**

Pawelski/1991-92

INCOME GENERATED

	Travel	Services	TOTALS
U.S. Army FASTA (May Training)	$1,043.53	550.00	$1,593.53
Virginia Commonwealth (April)	(Pd in '91)	150.00	150.00
U.S. Military Focus (Chgo)	596.57	1,500.00	2,096.57
U.S. Military Focus (TX)	97.02	250.00	347.02
CO/Child Abuse (Denver)	860.02	------	860.02

chron

Sara Leslye
See ~~me~~ abt this

MEMORANDUM

RECEIVED
OCT 28 1991
K.M.H.

TO: Kathleen M. Huebner

FROM: Leslye S. Piqueras LSP

RE: Travel Related Expenses

DATE: October 25, 1991

I am in receipt of your memo on travel related expenses dated October 25, 1991. In reviewing my records, I find several discrepancies and one conference that was budgeted for FY91, not FY92.

Please note these discrepancies:

No 91 budget expenses should be here

FL/ACB-CCLVI - These are expenses that, for the most part, occurred in FY91. There was a sufficient amount of money in my FY91 budget to cover these expenses. I do not believe they belong here as they were not budgeted for FY92. These expenses were also submitted for reimbursement well before the deadline so they could be included in the FY91 accounting.

CA/AAOphthalmology - The expenses here do not agree with my receipts or expense report. My total expenses are $1,170.56. $100.00 of that is for conference registration, not $165.00. On the last page (12), it indicates that this occurred in July (AOA). This is misreported. The conference occurred in October, and it is AAOphthalmology, not AOA.

On page 12, again, ACB appears. This was from last fiscal year and should not be charged to FY92 budget.

July AOA should be October AAOphthalmology, and October AAO $150.00 expense should be December AAOptometry registration fee.

record date of payment not actual conference

I realize that the similarities in organization names confuses the issue. I hope this clarifies the confusion caused.

TOTAL EXPENSES TO DATE FY92

$1,170.56	ophthalmology (Oct.)
125.00	airline club
150.00	optometry (Dec.)

$1,445.56	

If further explanation is required, please let me know. Thank you.

LSP:gb

cc: Susan J. Spungin

NATIONAL CONSULTANTS DEPARTMENT

National Consultant: LESLYE S. PIQUERAS
Travel Monies Allocated FY 91-92: 4,950.00
Conference/Seminar Monies Allocated FY 91-92: 325.00

1991 Budget not 1992

TRIPS ANTICIPATED

PLACE/PURPOSE	ESTIMATED Travel $	ESTIMATED Conf. $	ACTUAL Travel $	ACTUAL Conf. $	TOTAL SPENT
FL/ACB-CCLVI	715.00	25.00	446.13	71.00	517.13
CA/AAOPTHALMOLOGY	1,145.00	0.00	1,138.56	165.00	1,303.56
CA/AAOPTOMETRY	550.00	85.00		150.00	150.00
AZ/CCLVI	590.00	0.00			0.00
CA/IAER	1,050.00	150.00			0.00
CANADA/AOA	790.00	65.00			0.00
AIRLINE MEMBERSHIP FEE	125.00	0.00	125.00	0.00	125.00
SUB-TOTAL	4,965.00	325.00	1,709.69	386.00	2,095.69

Should be

$1070.56 $100 reg. = $1170.56

UNANTICIPATED TRIPS

PRIORITY	PLACE/PURPOSE	ACTUAL Travel $	ACTUAL Conf. $	TOTAL SPENT

NATIONAL CONSULTANTS DEPARTMENT

TOTAL EXPENDITURES

should be 1991 not 1992

		ACTUAL Travel	ACTUAL Services	TOTAL SPENT
July	ACB	517.13	0.00	517.13
Oct ~~July~~	AOA	1,303.56	0.00	1,303.56
August	MEMBERSHIP FEE	125.00	0.00	125.00
September				
~~October~~	AAO	150.00		150.00
November				
December	AAO			
January				
February				
March				
April				
May				
June				
TOTAL EXPENDITURES FOR TRAVEL TO DATE:		2,095.69	0.00	2,095.69

$ 1170.56 $ 1170.56

TOTAL INCOME GENERATED

		ACTUAL Travel	ACTUAL Services	TOTAL INCOME
July				
August	NIB	540.00	0.00	540.00
September				
October				
November				
December				
January				
February				
March				
April				
May				
June				
TOTAL REIMBURSEMENT FOR TRAVEL TO DATE:		540.00	0.00	540.00
TOTAL REIMBURSEMENT FOR SERVICES TO DATE:				

AMERICAN FOUNDATION FOR THE BLIND, INC. 15 WEST 16th STREET, NEW YORK, N.Y. 10011

INTER-OFFICE CORRESPONDENCE

bcc: Kathleen M. Huebner

RECEIVED
NOV 14 1991
K.M.H.

TO: Nora Griffin-Shirley

FROM: Elga Joffee

DATE: November 13, 1991

RE: **MARTA**

Scott had mentioned to me that you had a great lead for possible involvement with MARTA. Thanks for being a SWAT Team prospector.

Please let us know where you're at and how we can help.

Thank you.

EJ:maw

cc: Gerda Groff
Scott Marshall